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ABSTRACT

Group counseling is a rapidly changing field. This collection of 31 digests examines various aspects of group process and group counseling. The digests are arranged under different subject headings. In section 1, the nature of group work is examined, along with the evolution of group work training since 1990. The second section looks at application of theories in groups, highlighting such approaches as solution-focused counseling, impact therapy, and the use of gestalt psychodrama. The next heading explores groups in the schools and includes discussions of interferences to small group work, children of divorce, the use of creative arts, psychodrama techniques, and the inclusion of students with disabilities in group work. Working with adults and families is covered in section four. This section offers insights into helping older adults age, conducting parent education groups, multiple family group therapy, and multifamily group psychotherapy. Section five deals with group dynamics and group processes. Some of the suggestions here center on efficient therapy groups, using corrective feedback, using self-concept as an integrator of group process, an group psychotherapy and close friendships. A group model is also offered. Since many groups accompany special circumstances, section six gives advice on handling clients experiencing grief, how to confront hostile behavior, group dynamics and problem members, interventions with ex-cultists, members with disabilities, and multicultural group counseling. The last two sections delve into teamwork and its importance in group work, and the education of groups and of group specialists. Contains an annotated bibliography of resources on group process and group counseling. (RJM)

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New Developments in Group Counseling

edited by

Samuel T. Gladding , Ph.D.

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PREFACE

Group Process and Group Counseling is a collection of 31 ERIC/CASS Digests on various aspects of group process and group counseling. The authors of these brief reports are all experts in the field of group work. Individually and collectively, their writings are informative and practical. A highlight of this collection is its broad scope. Within these pages can be found useful information and new ideas for group novices and specialists from many different backgrounds.

Group Process and Group Counseling is broken up into eight different sections. Each section contains an article or articles focusing on a particular dimension within a group. In section one, "The Nature of Group Work," Robert K. Conyne outlines how group work training has evolved within counselor education since 1990. Conyne points out that the Association for Specialists in Group Work defined the concept of group work and then described standards for the four major types of group work — tasks, psychoeducation, counseling, and psychotherapy. Conyne concludes with the general, as well as the specific, skills needed for all who engage in group work on any level.

The monograph's second section, "Application of Theories in Groups," is comprised of three articles. Rebecca M. LaFountain and Nadine E. Garner begin this section with an overview on how solution-focused counseling groups work. They point out that such groups follow a developmental sequence and are goal oriented. Solution-focused groups are brief, concentrate on change, and are a viable alternative to other forms of group work for many clients.

Ed Jacobs then follows by showing how Impact Therapy, which is an active multi-sensory approach to counseling, can be helpful to leaders and members of groups. Jacobs gives good illustrations of how the PPFF map (purpose, plan, focus, funnel) may be used in groups.

The final article in this section examines the use of Gestalt psychodrama in group counseling. In it, Arnold B. Coven, Daisy B. Ellington, and Katherine G. Van Hull emphasize the Gestalt principle of learning through action. Coven and company provide illustrations, plus guidelines, for enactment approaches in Gestalt psychodrama.

Section three deals with groups in schools and with children/adolescence. It contains five digest articles beginning with Virginia S. Dansby's brief report on small group work in the schools. Dansby examines previous studies of problems school counselors encounter when they attempt to implement small group work and then gives the results of her own research. She also provides practical ways counselors can overcome interferences to group work.

Janice L. DeLucia-Waak follows with a discussion of how to run children of divorce groups in schools. The goals and interventions for children of divorce groups are well laid out by DeLucia-Waak and are of a practical nature for anyone dealing with this particular population.

"The Use of Creative Arts in Adolescent Group Therapy" by Tim Rambo is the third article in this section. Rambo discusses how the arts and adolescents can be combined in a group format to produce lively, innovative, and productive procedures for the benefit of the individuals involved. His examples are clear-cut and can be modeled by other counselors working with adolescents. A particular form of art, psychodrama, is explained in the fourth digest by Warren Shaffer. He outlines how Shakespeare's play, "Hamlet," can be used by counselors in psychoeducational groups with middle school children to help them gain a better perspective on themselves as well as the world in which they live.

Teesue H. Fields ends this section with a brief report on the inclusion of students with disabilities in classroom groups. She points out the academic and social benefits of such groups.

Furthermore, she shows how group process within a classroom group can promote acceptance, social growth, mastery of tasks, and recognition of commonalties among all students.

Section four centers on working with adults and families in groups. M. Carolyn Thomas and Virginia Martin lead off this section by examining how groups can help older adults age with integrity and meaning. They look at the tasks of aging and examine these tasks in light of group counseling. They then go on to make recommendations for working with older adults in groups.

JoAnna White and Fran Mullis explore parent-education groups in the digest report that follows. They highlight different types of group programs for parents and some of the requirements of instructors in these programs. Furthermore, they point out ethical issues in parent-education groups and make recommendations for research.

The last two articles in this section are on groups for families. Alicia M. Homrich and Arthur M. Horne give a definition and history of multiple family group therapy, i.e., the simultaneous treatment of several families together in one group led by one or more therapists. They describe the treatment phases of such groups, the role of the therapist, and how these groups work. The implications of multiple family group therapy are also explored.

Michael L. Baltimore also approaches working with families in groups in his article, "Multifamily Group Psychotherapy: Implementations and Process." He looks at the development of these groups from both a historical and practical standpoint. Leadership qualities, group process, and techniques within the multifamily groups are examined, too.

Section five, one of the two longest in this collection, focuses on group dynamics and group process. Jeremiah Donigian begins the section with a look at the importance of group process and how different elements within groups are in interdependent relations to each other. Donigian states that group leaders need to reframe the way they think "group" so that they see a group and its dynamics systemically.

Rebecca R. MacNair then discusses "Efficient Therapy Groups: Intervening to Shape Group Norms." She shows how leaders influence group movement. Furthermore, she points out how groups develop in regard to such norm shaping and cultural building experiences as the allocation of rewards, leaders' attention to control, leaders' reactions to critical incidents and crises, and deliberate role modeling.

The third article in this section, by Diana Hulse-Killacky, is on the use of a corrective feedback instrument to engage group members in feedback exchange. Hulse-Killacky briefly discusses the importance of corrective feedback within a group and then describes how the instrument she has developed — the Corrective Feedback Instrument — offers opportunities for leaders to explore members' reactions to and predispositions toward the feedback they receive.

W. Larry Osborne follows Hulse-Killacky with an explanation of how the self-concept influences group process. Osborne looks at the self through the different stages of the group. He discusses the importance of group counselors focusing on the self-concepts in the groups they lead.

The next to last article in this section is by Zipora Shechtman on "Group Psychotherapy and Close Friendships." Shechtman states that the formation of a close friendship is an important developmental task. It is characterized by such processes as acceptance, trust, and understanding. Friendship can be enhanced through group psychotherapy. Shechtman backs up this observation with data from her own research.

Finally, the concluding digest in this section, by Richard L. Hayes, Richard T. Watson, and Robert P. Bostrom, looks at groupware, i.e., a wide range of software that can be used in

groups. Hayes and his colleagues discuss groupware products and the advantages and potential disadvantages of groupware in group settings.

Section six deals with handling special situations in groups. In this section's first digest, Gary E. Price explains how to set up a grief group and then describes the stages of a grief group. Overall, this article blends information on how to lead groups with specific practices that help clients deal with the grief process.

Hostility in group counseling is then reviewed by Mark J. Miller. Hostility is a type of resistance and must be dealt with for the sake of the group as a whole. The origin, as well as recommended courses of action for diffusing hostility, are discussed.

In the third article in this section, William B. Kline looks at group dynamics and problem members. He particularly focuses on conflict theory and selected psychodynamic conceptualizations, such as scapegoating. He concludes by offering some guidelines for practice in working with problematic behaviors of group members.

Richard W. Foss then presents a review of group interventions for ex-cultists and their families. He describes the intensity of work in this area and the importance, not only of support groups for ex-cultists, but also therapy for their families. He concludes his digest with a set of recommendations.

The fifth article in this section, by Beverly M. Brown, focuses on group work with Americans with disabilities. It particularly concentrates on group work with the physically disabled in both heterogeneous and homogeneous group settings. The importance and implications of the Americans with Disabilities Act of 1990 are highlighted.

The last article in this section is on multicultural group counseling, by Michael D'Andrea and Judy Daniels. These authors address a number of issues group leaders and members must face when working in group settings with persons from different cultural/ethnic/racial backgrounds. Particular knowledge and skills needed in multicultural group counseling are given.

Section seven contains two articles on teamwork. The first, by Chuck Kormanski, is on group development and total quality management teams. Kormanski focuses on how groups become teams and how the total quality management movement influences the development of teamwork in the forming, storming, norming, performing, and adjourning stages of the group. Kormanski also stresses team leadership and the importance of matching leadership style with group developmental stages.

The other digest in this section, by Donald E. Ward, is on factors influencing the development and quality of the cooperative teamwork in groups. Ward stresses the importance of cooperative activities in many different group settings. He then summarizes six major variables that are essential to teamwork, including leadership style, member stability, group size, and organizational/societal expectations. The payoff for cooperative groups is achievement and productivity.

The last section in this monograph, section eight, is on training and education within groups and of group specialists. It contains four articles. In the first of these, Mary Finn Maples examines a cultural diversity curriculum for training group specialists. She states that identifying and planning specific training programs for cultural diversity in groups cannot be overemphasized. She then goes on to examine general goals and specific objectives in training group specialists and gives examples. Maples concludes her article by discussing barriers to effective training in multicultural settings.

In the second article, Allan Dye describes the Multiple T, i.e. "T" standing for training, as a procedure for teaching group counseling skills. The Multiple T is a simulation procedure for

teaching group counseling skills that involves eight different steps. Dye outlines these steps, along with guidelines for using the Multiple T, and a summary of training advantages inherent in this method.

The third article in this section, by Rex Stockton, Kelly A. McDonnell, and Felito Aldarondo explain a program of group leadership instruction that has been developed at Indiana University. The model is based on the premise that leaders must first understand what is taking place within a group before they can be effective in making interventions and leading the group. These authors then describe the labor intensive process involved in utilizing their training model for group leader instruction.

The final digest in this monograph and in this section is by S. Lenoir Gillam, Richard L. Hayes, and Pamela O. Paisley on group work as a method of supervision. These three authors state that group supervision of counselor training is an essential component of professional training. They outline the benefits of group supervision, including its saving of time and resources. They then examine the importance of group process and its part in supervision. They conclude that groups can be a dynamic way of offering supervision for counselors in training.

Overall, there is something for everyone in this volume on group process and group counseling. The contents here are as diverse as groups themselves, and the authors included in this collection, both individually and collectively, highlight the dynamic nature of groups as they exist now and will exist into the 21st century.

Samuel T. Gladding, Ph.D.

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The Nature of Group Work

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Understanding and Using Group Work

Robert K. Conyne

Overview

An evolution in group work training has been occurring within counselor education since 1990. That was the year the Association for Specialists in Group Work (ASGW) published its revised "Professional Standards for the Training of Group Workers" (ASGW, 1990). Until then, understandings of group work within the counseling profession were limited to group counseling. In fact, it could be said that group work was group counseling. Consequently, training in groups and the supporting professional literature were both focused on group counseling. Practice, however, varied. Many counselors in the field included not only group counseling in their helping repertoire but, also, other forms of group work heretofore unsystematically addressed in counseling curricula: counselors led committees and task forces; they conducted skill training groups; they facilitated education and prevention groups; and they sometimes worked with disturbed clientele in groups. In fact, the scope of group work practice exceeded the extent of the training in groups that was being provided by counselor education programs.

The professional training standards committee of ASGW, which I chaired, predicted that the trend noted above would increase into the 21st century. We concluded that there would be a demand for more and different kinds of groups, including brief therapy groups, prevention groups, skill-based groups, support groups, and task and team groups, as well as the more familiar counseling groups (see, for example, Klein, 1985; Reddy, 1994). Our mission, then, was to incorporate this anticipated surge in the revised training standards for group applications. We intended that these standards would lead to a more comprehensive preparation of tomorrow's counseling practitioners in group work.

What is Group Work?

The standards define group work as: a broad professional practice that refers to the giving of help or the accomplishment of tasks in a group setting. It involves the application of group theory and process by a capable professional practitioner to assist an interdependent collection of people to reach their mutual goals, which may be personal, interpersonal, or task-related in nature (ASGW, 1990, p. 14).

Key elements of this definition are that group work is a broad professional practice oriented to help-giving or to task-accomplishment. That is, group work is comprehensive and is not restricted to any one particular methodology, such as group counseling or group therapy. Moreover, group work can be used to help people grow and change — goals that are well within the heritage of group counseling — and to help people solve task and work problems (Conyne, 1989). These concepts gave rise to the current evolution to make group work training more consistent with the growing intensity and diversity of demands for group work practice.

Using Group Work

According to the Standards, four major types of group work are available for use: A. task/work group work; B. guidance/psychoeducation group work; C. counseling/interpersonal problem-solving group work; and D. psychotherapy/personality reconstruction group work.

- **Task group work**. The practitioner applies the principles and processes of group dynamics to facilitate the accomplishment of identified work goals in such groups as committees, task forces, teams, community organizations, and discussion groups (e.g., Reddy, 1994).
- **Psychoeducation group work**. The practitioner focuses on educating, preventing, and developing competencies in members through such structured groups as social skills, parenting, substance abuse, and life skills training (e.g., Gazda & Pistole, 1985).
- **Counseling group work.** The practitioner helps group participants resolve usually non-severe career, educational, personal, social, and developmental concerns through processes of interpersonal interaction,

support, and problem-solving (e.g., Gladding, 1995; Trotzer, 1989).

- **Psychotherapy group work**. The practitioner helps individual group members understand and remediate their significant emotional and psychologicial problems, focusing on intra-personal and interpersonal dynamics (e.g., Yalom, 1985).

Of course, in reality, considerable overlap may be found among these four types of group work. Psychotherapy group work may involve some educating and some use of structure, as found typically in psychoeducational group work, for instance. Yet, the four group work types are helpful in conceptually marking the breadth of possible group work practice, in designing appropriate training for each, and in guiding valid application.

Regardless of which group work type is being used, the practitioner needs to possess both a general and a unique set of competencies. Such competencies include core skills that all group workers need to master. Please refer to the standards for elaboration.

Core Skills for All Group Work

All counselors doing group work need to be able to do *at least* the following:

1. Encourage participation of group members.
2. Observe and identify group process events.
3. Attend to and acknowledge group member behavior.
4. Clarify and summarize group member statements.
5. Open and close group sessions.
6. Impart information in the group when necessary.
7. Model effective group leader behavior.
8. Engage in appropriate self-disclosure in the group.
9. Give and receive feedback in the group.
10. Ask open-ended questions in the group.
11. Empathize with group members.
12. Confront group members' behavior.
13. Help group members attribute meaning to their experience.
14. Help group members to integrate and apply learnings.
15. Demonstrate Association for Specialists in Group Work (ASGW) ethical and professional standards in group practice.
16. Keep the group on task in accomplishing its goals.

These competencies represent the foundation for all group work practice. Counselors who lead any of the four types of group work need to master addtional competencies and should obtain appropriate supervised experience, as indicated in the standards.

Suggested Directions for Group Work Practitioners

To be an effective and relevant group worker in today's world, a counselor needs to first develop basic knowledge and skills in group work, as outlined above. Most counselor education programs should be providing this training as a matter of course. In addition, specializing in a certain type of group work, such as group counseling or psychoeducation group leadership, requires the practitioner to obtain training and supervision that build upon the core competencies. Many counselor education programs are able to provide such training presently, or are gearing up to do so. However, it also is important for the counseling practitioner who is interested in group work to seek additional training and supervision through appropriate continuing education services, such as group work offerings sponsored by the American Counseling Association or ASGW.

Conclusion

Training in group work is beginning to catch up with its practice in the field. Such training is helping to meet demands from consumers for more groups and a wider variety of them. The revised ASGW professional training standards are intended to assist in this effort. Counselors are becoming better prepared to offer and to lead a comprehensive range of personal change and task groups. This evolution should result in group work being used effectively in a wider array of human settings, with positive results.

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Dr. Robert K. Conyne is Professor of Counseling at the University of Cincinnati. He chaired the ASGW Professional Standards Committee that created the standards discussed in this article.

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Application of Theories in Groups

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Solution-Focused Counseling Groups

Rebecca M. LaFountain, Nadine E. Garner

Overview

Solution-focused counseling groups provide counselors with an optimistic avenue for promoting change. Such groups feature the time-effective and positive strategies of solution-focused therapy and the therapeutic factors inherent in group work. Solution-focused counseling, which has primarily been used with individuals and families, is an approach based on the work of Milton Erickson, who utilized hypnosis to help individuals generate successful solutions in their lives (de Shazer, 1985). De Shazer found that through the use of purposeful questioning, which is central to solution-focused therapy, individuals are likewise successful in constructing workable solutions. This approach tends to be brief, focusing on successful solutions clients are already using.

Discussion

Solution-focused counseling groups emphasize solution-oriented approaches rather than the problem-solving strategies common to many groups. Counselors encourage solution-oriented talk throughout the entire group process, beginning with the prescreening, a crucial stage of the group. In the individual prescreening meeting the counselor establishes the goal-oriented nature of the group by asking, "What is it you would like to change?" Counselors assess clients' appropriateness for the group through their responses since solution-focused counselors maintain that people present their beliefs about their situation through the language they use. The prescreening not only allows clients to make an informed decision regarding participation in a goal-oriented group, it affords counselors the opportunity to select participants who would most benefit from the group, specifically those amenable to changing themselves (rather than others) and those able to establish an attainable goal. The nature of the presenting problem is not a concern for inclusion since solution-focused counselors share an assumption that all complaints are alike, sharing the underlying theme of a need for emotional relief and a desire to maintain a more satisfying and enriching life (Huber & Backlund, 1991). Counselors adopting this belief will group together clients with a variety of presenting problems. These heterogenous (multi-issue) groups help to overcome many of the obstacles associated with establishing homogenous (single-issue) groups. Scheduling, which is usually a challenge for groups, becomes easier when counselors can group together clients available at a specified time rather than searching for a common meeting time for each population. Other obstacles associated with groups, such as a lack of role models, the labeling of participants, and the misunderstanding of the group process, are addressed by emphasizing the strengths that each member possesses throughout the life of the group.

Solution-focused groups, as other groups, follow a developmental sequence such as the one described by Yalom (1985).

In the orientation stage, the group seeks structure, is dependent on the leader, and explores group boundaries. Counselors bridge the prescreening with the first session by asking participants to share what it is they would like to change. As members share their problems, counselors point out that although their situations differ, there are many similarities. Participants find relief when they realize they are not alone in their misery. This notion of universality promotes group cohesiveness. While members focus on commonalities, counselors focus on the language used, particularly labels and absolutes that convey helplessness. Counselors help members replace their impotent language with verb forms and qualifiers. When a participant says, "I'm an overeater," counselors can clarify by saying, "You tend to eat too much at times" (Walter & Peller, 1992). Counselors end the session by asking the participants to be "on the lookout" during the following week for situations that they would like to happen more often.

Session two prepares participants to develop goals by processing their homework from session one and adding hypothetical questioning such as:

"Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different?" (de Shazer, 1988, p.5). After the responses are discussed counselors move group members to the present reality by asking, "Now that we have an idea of what you would like to be different, and since miracles aren't likely, tell us what you will be doing to get that to happen." Counselors assist group members to formulate their responses into process goals. The criteria for process goals are: A. positive presentation, specifying what the client will be doing; B. active process (i.e. "I will exercise daily" as opposed to "I will lose ten pounds); C. in the here and now; D. specific; E. within client's control; and F. in the client's language (Walter & Peller, 1992).

Some clients may establish goals in one session, while others may need several sessions. It is common for clients to gradually alter their goals to ones within their realm of control. It is during this second stage of the group process that members move from acceptance and commitment to the group, to conflict and hostility. Often clients who have established their goals are impatient with the more hesitant group members. Groups can become "stuck" in unproductive behavior such as advice giving, which is not always seen as helpful to members as they jockey for position.

Counselors can facilitate group movement through hypothetical questioning or by adapting the previously described homework question to, "What is occurring in this group that you would like to happen more?" Through these strategies clients arrive at solutions or keys. One specific key is looking for exceptions, those times when the individual does not experience the difficulty. When group members examine what they want to continue in the group they are looking for exceptions. They realize that the conflict is not as all-consuming as it may seem; that they are already doing things to contain the hostility. Another key is doing something different, which allows clients to let go of their typical solutions. When client do just the opposite of their usual behavior that key is the 180 degree turn. As participants work through their personal as well as group goals they find themselves using common strategies for a variety of difficulties and discover that these keys are actually "skeleton keys," since they work in many different locks. "Skeleton keys" are transferable tasks that can apply in many situations. Increased intermember support and cohesiveness are evident as participants affirm each other for the solutions found and offer encouragement for needed work. Sessions at this stage center around helping participants maintain progress toward their goals and provide assistance to those who are "stuck." Homework assignments that are action-oriented, specific, and consistent with the work done during the session encourage successful solutions.

Solution-focused groups help participants meet their personal and group goals, although the groups may not reach the intensity of the mature work groups described by Yalom (1985) due to the brief nature of the groups. The groups can be time-limited or on-going. Termination is inevitable when: A. participants report at least a small but significant change, B. the change seems to be durable, and C. participants report they can handle things on their own (Huber & Backlund, 1991).

Recommended Course of Action

We encourage counselors to apply solution-focused concepts to groups serving either children or adults. When working with children, structured, concrete activities such as the ones developed by LaFountain & Garner (in press) should be utilized. For example, when a child discovers a key to a solution, the counselor can present the child with a skeleton key (real or cutout) as a tangible reminder. Results from a preliminary study we conducted involving children and adolescents suggest that this approach has much promise. We recommend that further research be conducted on additional populations and settings.

Conclusion

Solution-focused counseling groups are a viable alternative for clients who could benefit from a brief model focusing on change and creating solutions. These multi-issue groups overcome many of the obstacles associated with establishing homogenous groups, providing participants a cohesive group environment where they can meet their personal and group goals.

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Impact Therapy and Group Counseling

Ed Jacobs

Overview

"Thank you for giving me permission to lead" is one of the most frequently heard comments at my group counseling workshops. Impact Therapy is a concrete approach to group leading where the leader actually leads the group. A number of different models of group counseling exist that tend to place responsibility for the outcome of the group on the members rather than the leader (Carroll, 1986; Yalom, 1985). These models emphasize interpersonal dynamics or group process rather than the intrapersonal experience of each individual. The Impact Therapy approach to group leading highlights the individual's needs and shows how the leader can make the group experience valuable for each member. Impact Therapy is an active, multi-sensory approach to counseling that encourages the leader to be creative by using props, chairs, movement, writing, and drawing to tap into members' different learning styles. Impact Therapy integrates creative counseling techniques and ideas from RET, Transcendental Analysis (TA), Gestalt Therapy, Reality Therapy, and Adlerian Therapy (Jacobs, 1994).

Core Beliefs of Impact Therapy

Impact Therapy stresses listening, thinking, action, and impact, whereas many other approaches primarily emphasize listening and facilitating. Impact Therapy group leaders are guided by the following four core beliefs:

1. People don't mind being led when they are led well.
2. Group counseling should be clear and concrete.
3. Group counseling should never be boring.
4. The leader is primarily responsible for what happens in a group session. (Jacobs, 1994).

The PPFF Map

The impact therapist uses the initials PPFF (purpose, plan, focus, funnel) as the primary organizing "map" for setting up and conducting a group session.

Purpose. The leader clearly presents the group's mission (educational, support, counseling, or therapy) and why the group is meeting.

Plan. The impact therapist always plans the session. Good planning of the warm-up, middle, and closing phases is essential and yet many leaders do not plan or they plan superficially. In-depth planning helps greatly in making group sessions productive.

Focus. The Impact Therapy group leader consciously focuses the session; that is, sees to it that relevant topics or issues are discussed. One of the biggest problems in groups is that the session never focuses long enough for there to be impact. Without focus, members go from topic to topic, causing the interaction to be superficial or disjointed. Unfortunately, many leaders have been trained to wait for the members to focus the session.

Funnel. The impact therapist is always thinking of how to funnel the session; that is, how to take the session to a deeper, more meaningful level. Impact Therapy leaders feel that it is their responsibility to funnel the session. Funneling is accomplished by asking good, thought-provoking questions, by using deepening exercises, or by working with an individual using theory and the other members. Sessions have much more impact when they are funneled and often sessions will not funnel unless the leader actively intervenes and directs the group. The impact therapist believes that funneling is the key to a successful group.

Courage

The Impact Therapy group leader has the courage and permission to do what it takes to make a session productive. The leader is willing to take the session to a meaningful level by using counseling theory, psychodrama, the other members, or him or herself

in whatever way that may have impact on the members. The leader is willing to draw out and cut off members when it is appropriate to do so. In order to focus and funnel a session, the leader often will need to interrupt and redirect the flow of conversation. Cutting off is an essential skill for group leading (Jacobs, Harvill, & Masson, 1994). Leaders who allow members to be inappropriate, ramble, distract the group, or tell long, detailed stories are not being as effective as they can be.

Creative

Using creative activities is an integral part of being an Impact Therapy group leader. I have found that creative techniques help make the group session more engaging, interesting, and meaningful. In the remainder of this digest I discuss a number of creative techniques that have been useful in groups.

Large Newsprint Pad or Wipeboard. Many people are visual learners. The benefit of having something large to write on cannot be over emphasized. It is helpful to visually represent concepts or ideas to the group such as irrational and rational self-talk, lists generated by the members, time lines, TA drawings, or drawings of enmeshment. I consider a large writing surface to be an essential tool for the impact therapist.

Use of Movement. The Impact Therapy group leader often has members stand up and move around to make points more concrete or to generate energy in the group. Group exercises that involve movement are valuable (not dance or yoga, but simply moving according to some instruction). Having members "sculpt" how they feel about the group or asking them to move along a "progress" line or a value continuum to show how much they have progressed are excellent movement exercises. (Jacobs, 1992). Instructing members to move between chairs that represent different people, ego states, or goals can serve as a valuable visual and experiential learning activity. Physical movement can be very beneficial in groups.

Small Child's Chair. Another essential tool for Impact Therapy group leaders is a small child's chair which can be used in a variety of ways. The chair can be used to represent the Child ego state or the little boy or girl in each of the members. So often, when a member is struggling with an issue, part of the problem has to do with the child part of themselves. The small chair makes the struggle more concrete for members. Having members sit in the chair or even look at the chair can be powerful.

Shield. The impact therapist often will use a prop (some tangible item such as a shield, cup, filter, rubber band, or blocks) for an exercise or when working with an individual member. Frequently, members talk about needing to shield themselves from verbal abuse from someone in their lives such as a parent, spouse, or boss. By having them hold a shield (I use a 12 inch x 12 inch piece of Plexiglas) as they discuss how they need to protect themselves, the members get the point about how they can make themselves safe. Often I have a member role-play the parent, spouse, or boss and the working member experiences being poked if left unshielded and then protected when the shield is used to deflect the attack. This leads to in-depth discussion about the need to shield and how to do it psychologically.

Other Props. Styrofoam cups are used to represent one's self-worth. Punching holes in the cup to indicate "leaks in self-esteem" or smashing the cup to represent how members allow themselves to be psychologically smashed are two ways that cups can be used. A furnace filter is a good prop for getting members to discuss how they may need to filter input from certain people in their lives. Rubber bands can be used regarding stress — each person can stretch the rubber band to the level of stress they are feeling and then discuss either adding to the stress or reducing the stress. Wooden blocks with holes in them and pegs that either fit, nearly fit, or definitely do not fit can be used to symbolize the "fit" of relationships in members' lives.

These are just some of the props that are used by the impact therapist to focus and funnel the session. The impact therapist believes that visual metaphors often are more effective than just verbal metaphors because the visual metaphor is more concrete.

Conclusion

Impact Therapy is a creative, multi-sensory approach to counseling that uses different theories and advocates making counseling clear and concrete by using props, chairs, writing and drawings. The impact therapist uses PPFF (purpose, plan, focus, funnel) as a guide for leading successful groups.

Impact Therapy encourages group leaders to be active, dynamic, and take responsibility for trying to make each session more meaningful.

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The Use of Gestalt Psychodrama in Group Counseling

Arnold B. Coven, Daisy B. Ellington, Katherine G. Van Hull

Overview

The group members were asked to visualize their future metaphorically. Kat imagined a shoe that fit. The leader asked her to describe the shoe to heighten her awareness and accentuate the experience. She replied, "The toe is round to assure comfort and the heel is low and wide for balance." "The shoe," she continued, "represents security, peace and balance which I need to become independent, self-directed and free." Another group member asked Kat the color of the shoe... and she responded, "black" which reflected her unknown future. The leader asked her to be the shoe and wander around the group. Kat's non-verbal expressions reflected anxiety as she was unsure about what to do next. Her hesitancy underlined the lack of clarity about her future life.

This digest presents: A. a brief overview of Gestalt theory and the rationale for role-play, fantasy, and psychodrama; B. demonstrates the utilization of these techniques in group counseling and C. identifies guides leaders can follow while implementing the experiments.

Gestalt Theory

Gestalt psychodrama reflects the existential, experimental and experiential nature of Gestalt therapy. The existential component of the scene above was Kat choosing and defining the meaning of her life. The experimental part began with the leader's invitation for group members to describe their futures metaphorically. The experiential part was Kat becoming the shoe and experiencing her confusion in the "here and now." The main thrust of Gestalt therapy is to help people develop their faculties of awareness in order to make choices, determine their existence, and become self-sufficient. Gestalt, means the formation of an organized meaningful whole. Perls (Yontef, 1969) perceived people as being fragmented and lacking wholeness. Basic concepts are: A. a change in one part of the individual affects the whole person and B. humans seek the completion of unfinished situations. The leader helps members become cognizant of the parts that stand out to encourage integration of the whole person. In recognizing that people have opposite needs, Gestalt group therapy focuses on decreasing the conflicts that cause impasses.

Gestalt learning techniques are directive and action oriented. Fantasy enactment, role-play and psychodrama all reflect the concept that learning occurs by doing. According to Zinker (1970), acting well is a rehearsal for living well and is practice in becoming a whole person. Acting out a role within the group involves thinking, feeling and behaving by all members and can lead to greater awareness.

Illustrations

Jim introduced himself by stating, "I'm an alcoholic." The group was surprised as he had been abstinent for seven years. He responded passionately, "You cannot understand me, if you do not know about my past alcoholic life." He was asked to get up, walk around and make statements reflecting his past alcoholic behavior. Assertively he declared, "I do not have a problem." "My drinking is only a way to stay sane in this crazy world." Jim became aware that although alcohol would always be an obstacle for him, he was a different person now. The group applauded his courage and openness in revealing his past alcoholic behavior which differed so sharply with his present behavior.

In a psychodrama experiment, group members were asked to assume a role at a cocktail party. One woman stooped over and wandered aimlessly around the room portraying a cart picking up other people's litter. Her life theme was taking on others' burdens because of her inability to say "no." The drama accented the power that her past belief system, which was to be loved by everyone, had on her present behavior. Other members also resonated to the theme of being burdened. The leader asked the members to place objects in the room on each other's backs. Some members slumped and others slowly took the objects off and straightened up. The leader asked them to stand and shout, "no I won't" several

times so they could feel their ability to assert themselves. These examples illustrate the importance of understanding a member's past in order to adjust present behavior.

In fantasy enactment, the exploration of hopes, and dreams for the future can be projected. In a job training group, the leader invited the members to imagine telephoning a business to request an interview. Gripping the telephone, a member stated, "I will be on time for our appointment," and smiled slyly. He was asked to fantasize that he was a fox hiding behind others' chairs.

Spontaneously, he softly said, "Here I am. Come and catch me." These words increased the awareness of his reluctance to work.

Guidelines for Experiments

Enactment approaches attempt to help group members achieve a strong Gestalt. One guideline is to observe feelings, thoughts, and behaviors that stand out. Leaders also attend to their imaginations and feelings that might suggest an experiment. It is important to listen for phrases and metaphors that can be acted out (i.e., "I feel tied up in knots"). Another principle is to create physical action as well as movement of room furnishings. The use of props like cushions and chairs can add to the behavioral reality.

Gestalt procedures are: A. the member plays a role as if it is happening in the present; B. the member uses the pronoun "I" to increase the sense of responsibility, and C. exaggeration is used to sharpen and clarify feelings that accompany the role.

Gestalt techniques to intensify experiments are: A. "repeat what you just did or said" (repetition helps to make a behavior stand out); B. " can you stay with the feeling?" (staying with the feeling brings it to the foreground); C. "talk directly to the person" (direct communication increases interpersonal contact); D. "can you go a little further?" (encouragement helps members to stretch); E. "express your feeling in one word or gesture" (brief statements clarify meaning camouflaged by excessive verbiage), and F. "complete the debate" (this enables members to reach closure).

Acting out behaviors from the past, present, or future can be threatening; therefore, the principle of approximation is paramount. Inviting members to start with visualization can limit the risk of initial experiments. The leader can model a fantasy or members can help each other with their role-play. Another technique is to provide a beginning sentence to encourage development of the enactment. One action at a time could be attempted (i.e., placing their bodies in a knot-like position before doing a more involved role play). Also, care must be taken not to judge a person's experience. Creativity and free expression depend on acceptance and openness. If participants believe therre is no right or wrong response to any experiment, they can become more risk-taking.

Group leaders are challenged to be powerful behavioral catalysts. The inclusion of role-play, fantasy enactment, and psychodrama can accelerate the therapeutic factors that encourage change and growth within the individual and the group as a whole. This approach is congruent with the recent development of Action Methods Psychotherapy (I.e., psychodrama, sociodrama, role-play, and behavioral rehearsal) which incorporates all psychotherapeutic activities using the concretization of experiences as the basis of their intervention (Kipper, 1994).

Conclusion

The techniques outlined in this article have focused primarily on group members achieving a strong Gestalt. These techniques reflect the existential, experimental, and experiential nature of Gestalt therapy and can provide a theoretical and practical basis from which other group practitioners can build. It is hoped this article will provide a framework with which to conceptualize the experiences of clients in couseling groups, as well as serve as a design for procedures and techniques that capitalize on client strengths.

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Groups in the Schools and with Children/Adolescence

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Interferences to Small Group Work in the Schools

Virginia S. Dansby

Overview

The consensus of the counseling profession is that group work is a valuable, integral component of an effective school counseling program. This position is supported by a vast body of research addressing the efficacy of small group counseling within the schools for children at all education levels. This endorsement of group work is the position of the American School Counseling Association (ASCA, 1990), of the Council for Accreditation of Counseling and Related Education Programs, and of state school counseling licensing agencies.

Unfortunately, the limited research which addresses the frequency and extent of school group programs suggests that small-group work is not a major component of every school counseling program, especially at the high school level. In a 1985 national survey of state guidance directors, for instance, Peer reported that 62.2% of respondents were in doubt as to the existence of group counseling services offered by high school counselors. As other studies have concluded, a rift exists between the value that school counselors place on small groups and the degree to which they implement groups in their programs (For instance, see Tennyson, Miller, Skovolt, & Williams, 1989).

Interferences to group work exist in the school setting.

Counselors at all levels need to be aware of the implementation problems inherent with group work in schools in order to successfully overcome obstacles and bridge the gap between theory and practice.

What are the Interferences in the Schools?

Previous Finding

Bowman (1987) examined the problems school counselors encounter as they attempt to implement small-group work, finding that high school counselors believed that small groups were less practical in their settings than did middle or elementary counselors. Respondents at all three levels agreed that their programs would be more effective if they would increase the numbers of groups. Lack of time and of teacher support, however, prevented them from doing so.

Current Study

Dansby (1995) surveyed a random sample of 159 school counselors in Tennessee with a revised and expanded version of Bowman's instrument to ascertain interferences and to determine what other school group leaders have emerged in addition to the school counselor. The following interferences were most noted.

Lack of Time

While counselors at all educational levels, as in Bowman's study, indicated great interest in group work and felt additional groups would be highly beneficial to their programs, they designated "lack of time" as the primary obstacle. This problem is the result of a complex composite of factors including huge caseloads; lack of an appropriate definition of the role of the counselor in the schools, placing many in quasi-administrative positions (particularly at the middle and high school levels) or giving them excessive classroom guidance responsibilities (particularly at the elementary level); and lack of clerical assistance for the excessive paperwork or data-entry duties assigned to many counselors.

Scheduling Problems

"Difficulty getting students out of the class" is a nearly equal problem to time difficulties. School counselors generally have access to a student during the school day only by taking him or her from class. The system, therefore, places the counseling program in direct competition with the classroom teacher's educational objectives.

Interference from Teachers

A third factor preventing counselors from

doing group work in the schools was perceived interference from "some teachers." Counselors must rely upon the cooperation and understanding of teachers who are facing increasing pressure to be accountable for the academic achievement of their students.

Lack of Space

Counselors cited "lack of space" as an obstacle, but reported this obstacle far less frequently than other challenges. The majority of schools do not have a designated group room, making schoolhours groups in overcrowded facilities.

Lack of Materials

A lesser number of counselors also expressed a need for more small group materials, such as specific content group plans, puppets, or audio-visual aids, particularly at the elementary and middle school levels.

Besides the interferences just listed, there was also the problem of other leaders conducting groups in the schools.

Thirty-nine percent of respondents (and nearly half of the middle school and high school counselors) stated that "counselor(s) from outside the school" were conducting small groups in their buildings. Others leading groups were "Teachers" (17.6% of responses), "School psychologists" (10.7%), "Administrators" (4.4%), and "Interns" (4.4%). While counselors from mental health and other community agencies are providing a valuable service in the schools and should be encouraged to continue to assist with the small-group component of the counseling program, school counselors must face the possibility that if they are unable to provide adequate group counseling services, then these responsibilities may increasingly be contracted out. For various reasons, agency and special project counselors often have easier access to students for group purposes than do the school counselors. If school counselors want to retain this intervention as part of their role, they may need to work more aggressively to overcome the obstacles in the school environment.

Overcoming Interferences

The following are general suggestions for school counselors seeking ways to overcome interferences to group work at the state and local levels:

1. *Promote more defined roles.* A comprehensive, developmental program requires a clear role definition which not only includes systematic delivery of group counseling services, but also eliminates non-counseling duties (See ASCA, 1990; and Gysbers & Henderson, 1988).

2. *Increase efforts to gain administrative support.* While counselors may not report principals as directly interfering, their impact is immeasurable, especially due to their part in defining the duties of the counselor. They are also instrumental in assigning paid and volunteer clerical staff, in reducing resistance from the teachers, and in providing greater access to students through creative approaches to scheduling (i.e., activity periods for students or "flex" time for counselors).

3. *Evaluate for efficiency and accountability.* Included in an assessment of current school counseling programs (Gysbers & Henderson, 1988) is an evaluation of the efficient delivery of services. What resources do counselors have that they are not utilizing? (i.e., parental volunteers, peer helpers) Are they addressing appropriate concerns such as career- or academically-oriented topics in large group, and are they providing more time for addressing highly personal issues in small group? Could they redistribute some individual counseling time to small-group time? Collection of data on the effectiveness of small-group work, likewise, can be valuable for the counselor's own information and for accountability in the effort to gain wider support.

4. *Increase communication and public relations effort with teachers and parents.* Enlightenment to the educational, social, and psychological benefits of a systematic group program, and inclusion in the processes of planning, problem-solving, referral, and post-group feedback may increase faculty and parental ownership of the program. Counselors may need to communicate understanding of the teacher's perspective not only by their words, but also by such deeds as rotating the times when group meets so that students do not miss the same class routinely or offering more lunchtime sessions (brown-bag "lunch

bunches") or pre- or post-school hours groups. Each school situation is unique, however, and the greater the involve ment of faculty, administration, parents, and students in finding solutions, the more likely resistance will be reduced.

Conclusion

Small-group work is an integral component of a comprehensive school counseling program, and counselors have indicated a desire to spend a larger portion of their time leading groups. The profession must meet the challenges of providing school counselors more opportunities to work with children in groups to promote self-understanding, growth, and adjustment and offer support when needed.

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Children of Divorce Group Work in the Schools

Janice L. DeLucia-Waack, Ph.D.

Overview

Divorce has long-term implications for both parents and children. Estimates suggest that one million divorces are granted each year in the United States and one third of all children experience divorce before age 18 (Garvin, Leber, & Kalter, 1991). Elementary school children cite parental divorce as the issue of greatest concern to them.

Moreover, divorce affects children's social, cognitive, and emotional development. Research suggests that children of divorce are more likely to have problems at school and in relationships. Amato and Keith (1991), in a meta-analysis of 92 studies, and Garvin (1991) reported that children of divorce, compared to children from maritally intact families, had higher rates of depression, sexual acting-out, substance abuse, conduct disorders, school problems, and delinquent behavior.

"Where possible, group therapy for dealing with problems of children is the treatment of choice" (Guldner & O'Connor, 1991, p. 184). Groups help children to not feel isolated, to connect with and learn from others, to receive peer validation and support, and to normalize experiences. Children of divorce, in particular, need a place to receive support, talk about experiences of divorce, realize that they are not alone in these experiences or feelings, and discuss ways to cope with the changes in their lives. Counseling and psychoeducational groups, both in schools and agencies, have been an extremely popular and efficient method of providing treatment for children of divorce. School-based counseling is particularly important as a way to minimize the effects of divorce since children of divorce groups are available to children that might not otherwise have access to counseling. In this digest, five potential goals and subsequent interventions for children of divorce groups will be discussed.

Discussion

Goals for psychoeducational and counseling oriented children of divorce groups focus on coping with the reality of the divorce situation as well as the feelings surrounding it. The first goal is to help children gain an accurate picture of the divorce process through discussion and information. It is important to provide children of divorce with information about the following topics: separation, divorce, custody, visitation, parental fighting, parental dating, stepparents, blended family, and remarriage (Guldner & O'Connor, 1991). Early sessions focus on defining words such as separation, divorce, and custody; later sessions focus on how families deal with issues such as visitation, parental dating, and blended families. Reality testing is also an important part of children of divorce groups. Children, particularly young children, often have unrealistic fears about what will happen as a result of the divorce. They fear that both parents will stop loving them and abandon them or that they have in some way caused the divorce by wishful thinking or because of something that they did. Exercises where a possible situation is described and the group is then asked to decide how likely is it that this situation could happen, help to dispel some of the irrational fears and thoughts.

The next two goals for children of divorce groups emphasize the group as a safe and supportive environment. The second goal helps children of divorce normalize the common experiences and feelings around divorce. Children need a safe place to talk about what their experiences and feelings are with people who are not involved. It is important to learn that their situation is not unique, that other children also live with one parent and may have parents that do not get along, and to share their experiences related to the divorce, such as how they found out about the divorce, what their visits are like with the noncustodial parent, etc. The third goal is to provide a safe and supportive place to talk about divorce-related concerns. It is helpful in early sessions to have children draw pictures of what their family looks like. This helps children share about the divorce and connect with each other on common experiences. Sentence completion exercises such as "The most frustrating part of the divorce for me is...", "I would

like Dad to....", and "One thing that has changed for the better is..." help to begin and structure discussions about concerns related to the divorce.

The fourth goal is to help children label, understand, and express their feelings about the divorce. Young children may often deny the separation and/or the accompanying feelings. Discussion of these feelings, particularly around the loss of a parent through divorce, is very important. Children need to be able to express the anger, fear, and sadness that they may be experiencing. They also need help focusing on their feelings of guilt; children often feel responsible for the divorce in some way. Disloyalty is another feeling that arises for children of divorce; they may feel that they are being asked to choose one parent over another or that if they make certain choices, that the other parent may be angry, hurt, or leave. Art therapy, music therapy, and play therapy are useful to help children identify the feelings. Exercises early on in group to identify feelings such as feeling charts and charades that act out feelings behaviorally and nonverbally are informative. Discussion of how people have more than one feeling at a time and that feelings may sometimes conflict, such as relief that there is no more fighting, but sadness that Dad is not around all the time, helps children to understand and accept their feelings. Puppets may also be useful for younger children as a model of how to express feelings. Later activities may include acting out of situations, having the group identify feelings that the child may be experiencing, and then generating possible solutions to deal with those feelings.

The fifth goal is to assist children in learning new coping skills to deal with the feelings and situations experienced as a result of the divorce. Techniques that may be useful in this process include communication skills, problem solving, anger management strategies, and conflict resolution skills. Communication and conflict resolution skills may be particularly useful around the issues of stepfamily problems, parent and sibling conflict, and how to deal with issues of divided loyalty. Role plays of relevant situations such as parents arguing, custody, and court scenes help children express their fears about potential situations, enabling them to identify new ways to cope.

Consensual Point of View

Several general recommendations for conducting group work with children are particularly relevant with children of divorce groups. First, it is especially helpful to have male-female co-leader teams to model collaboration between male and female adults. A male presence in the group is important because many of the children may not have much contact with an adult male, particularly in the elementary school setting. Second, structure within the sessions is useful to provide safety, manage time efficiently, and focus on relevant issues. Third, creativity in the choice of exercises and as a part of the exercises is helpful. Drawing, singing, dancing, using puppets, roleplays, and play writing are ways to identify and express feelings and to brainstorm and practice new behaviors and coping skills.

Conclusion

It would be useful for practitioners to learn more details about how to conduct children of divorce groups in the schools. Children of divorce group work is particularly relevant to the concerns of children and is actively utilized within the school setting. The literature on children of divorce has clearly targeted goals for children of divorce groups. Less information has been provided in the literature about specific exercises, activities, and structures for these groups. More needs to be written by experienced practitioners in this area in terms of what has been effective in their groups.

Furthermore, while it is clear that children of divorce groups are being utilized in schools and agencies, the research regarding their effectiveness is mixed. Thus, research focusing on the efficacy of such groups and what are the elements of the groups that make them effective needs to continue.

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The Use of Creative Arts in Adolescent Group Therapy

Tim Rambo

Overview

The creative process is a positive experience for young people, and benefits derived from participation in the arts are manifold (Emunah, 1990). In recognition that adolescents often possess dormant or untapped creative potential, many mental health professionals are turning to the expressive arts therapies as part of their multi-modal treatment of these exceptional individuals.

When the introspective and profoundly personal nature of the creative arts is combined with the social experience of group therapy, a powerful therapeutic setting is created as new lines of communication and avenues for change emerge. For young people grasping for some understanding, some method of communication, or some kindred spirit in their world, this blending of therapeutic modalities may provide the necessary environment for psychological growth and movement. While the combination seems natural, expressive arts groups have yet to emerge as an established specialty.

Discussion

Arts

An adolescent can be reluctant and uncomfortable with verbalizing feelings. However, in the art process, diagrams, symbols and metaphors allow the adolescent to distance ... from the potential anxiety" of "feeling" tasks in the immediacy of the group process (Linesch, 1988, p. 142). "A form of expression is desperately needed, one which matches the intensity and complexity of (the adolescent) experience, is direct but nonthreatening, is constructive and acceptable. The creative arts provide this means of expressing the inner explosiveness of adolescence" (Emunah, 1990, p. 102).

Adolescent Groups

For the adolescent in therapy, adolescent group work can offer a safe environment where a wide variety of concerns (e.g., substance abuse, social skills) can be addressed. The dynamics of group therapy allow for *inter*personal and *intra*personal growth with one's peers and is uniquely different from one-to-one interactions with a counselor. Teens may also find safety in numbers and become more involved at the encouragement and example of their peers.

Adolescent Creative Arts Groups

"Since the very struggles of the adolescent revolve around self-expression and peer interaction, it seems obvious that a combination of art and group therapy techniques will be particularly effective with this population" (Linesch, 1988, p. 135). Counselors find it is a complementary process with the group interactions addressing the therapeutic needs of the adolescent (e.g., providing a testing ground for self-perceptions and behaviors) and the creative work directing and sustaining the group process (Linesch, 1988). The creative arts can also facilitate group cohesion and offer adolescents the chance to regress and discover hidden skills or aspects of their personality (Walsh, 1990). In his work addressing social skills training for early adolescents, Walsh reported that "through trial and error the members soon realized that a cooperative group was critical for a creative effort of which they could be proud" (p. 133).

While effective counselors must provide a safe and secure therapeutic environment with enough rules and structure to maintain order, they must also avoid the role of judge or policeman (Emunah, 1985). For example, in drama therapy the counselor can stop action and ask the *group* about alternative ways a member could react to a situation. This effective process takes advantage of the importance of peers in the teen's life while allowing everyone to examine situations from different perspectives (Emunah, 1985). The therapist can also utilize directorial privileges to ensure that group members are aware of consequences that can arise from their "fictitious" dramas, e.g., police can be instructed to arrest drug dealers. The group is thus confronted with continuing

their play and dealing with realistic issues. Many counselors find that videotaping sessions can give concrete evidence of interactions and immediate feedback to the group.

Procedures and Techniques

Adolescent groups addressing more "internal" issues such as grief and withdrawal may achieve good results with the more introspective arts such as painting and poetry. More interpersonal goals can be reached via collaborative activities generally found in drama, movement and music (Emunah, 1990). One must remember that it is unnatural (and unwise) to restrict group members to any *one* creative modality. Regardless of which medium is used, respect for each member's artistic talent should be emphasized to the group and modeled by the therapist.

Following is a sample list of strategies and activities. Statements in quotations reflect a counselor's comments to the group members.

- The first few group sessions should feature nonthreatening activities which can be used to help address any self-consciousness or art anxiety a teen may feel about dealing with "kids' stuff." The counselor should emphasize respect for each other's creative work.
- Inclusive group art tasks (e.g. passing of a piece of clay around for individual manipulation) can gauge and encourage group cohesiveness (Liebmann, 1986).
- "Introduce yourself (e.g., likes, dislikes) by drawing a self-portrait" (Liebmann, 1986). A collage from magazines can also be used (Linesch, 1988).
- "Take an imaginary journey down under the sea, swimming through an underwater cave and coming up at anisland where you meet someone who gives you a gift. Present the gift and the person who gave it to you" (Liebmann, 1986).
- Similar to the empty chair technique, but perhaps more appropriate for the teen-age population, is the use of a pretend telephone conversation, e.g., use a tape recording to havea prop telephone "ring" and then let the teens proceed from there — they are sure to answer it (Emunah, 1985).
- Draw the group's facilitator (Liebmann, 1986). This is sure to stimulate discussion.
- Have different group members perform different tasks in the manner of a selected adverb, while other group members try to guess the adverb by observing t h e behavior. For example:Don, a very rigid, angry teenager, was asked to hand "warmly", some food to another person. After he did so, Karen guessed"lovingly." Don's eyes welled up with tears, and he said, "That's the way it looked? I didn't think I could ever show love again after what has happened tome." He later talked about his experiences of being abused at home (Johnson & Eicher, 1990, p. 160).
- Near the end of a treatment programor termination of a group, the counselor can havetwo or three group members enact a future scene in which they run into each other and talk about what has and has not changed for them and in their lives (Johnson & Eicher,1990).

Conclusion

Research has shown that the creative arts therapies work well in the group setting and with diverse age groups and clientele. Creative arts groups can be particularly useful in facilitating insight, self-awareness, and behavioral change with adolescents. However, one should bear in mind that the effective counselor must help the adolescent move beyond artistic and verbal expression and into the area of applying skills learned in the group to their everyday lives; for example, an adolescent's control over directing and enacting a scene set in the future needs to be explored and carried over to possible reality in the present. If counselors can provide a protected and safe therapeutic group environment, they create the chance for the wonders of art to play a vital role in the multi-modal treatment of adolescents.

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Psychodrama Technique in the Middle School or Meanwhile Back at Elsinore Castle

Warren Shaffer

Overview

This article presents a flexible technique for use in the middle school grades which allows the teacher or counselor to demonstrate the concept of roles. Because of the importance to our children in understanding role conceptualization this approach is designed to be experiential and powerful but non-threatening. It allows the class to experience the cognitive and affective changes which come with different roles but it does not require the class to enter the domain of group therapy with its associated risks and issues of confidentiality. A further benefit lies in its potential for collaborative teaching. As the title indicates (Elsinore Castle) this role playing technique is based on the play Hamlet. Reading the play or viewing it on video tape is an excellent introduction to this class project. Language, History, Psychology, and Literature are self evident adjuncts to make this a well rounded school activity.

Psychodrama Procedures

Psychodrama training demands that there be a warm up, a role playing, and sharing (Moreno, 1972; Moreno & Moreno, 1975a, 1975b). These demands are based on ethical and programatic experience. The reader would be advised to follow this design closely.

The Warm Up

If the class has not read Hamlet, I would certainly advise showing the video version in which Sir Lawrence Olivier gives his superb rendition. However, you the presenter must make the case for Hamlet's conflict as this is the key to the play and the central element of our role playing technique. Allow me to present a sample warm up "To be or not to be, that is the question." Class this is one of the most famous lines in English Literature. It represents the eternal struggle which all people experience as they are faced with very tough decisions about paths which they can either take in life or abandon. Will I be a teacher or will I be a dentist? Will I be a friend or will I be a foe? Will I give my love or will I flee from intimacy? The protagonist of our play, Hamlet, is faced with an incredible dilemma. And thus, this famous phrase, "To be or not to be."

Here is what is going on. Hamlet is a gentle, book-loving person. He is prince of Denmark and heir to the throne of Denmark, but would really rather be in college in Wittenberg, Germany. He prefers to study, read, and hang out with his college buddies like Horatio. He is not an action hero or a fighter. He is a lover of gentle peace. However, the author, William Shakespeare, has presented a vivid action hero in the play to act a contrast to Hamlet. Fortinbras is a prince of Norway. He shows up to serve a study in revenge seeking. A small piece of land in Poland (show on a map) has been stolen from Fortinbras's family by a local nobleman. Fortinbras is going to march an entire army from Norway down to Poland at incredible expense to take back his land. He will spend at least a hundred times more in this invasion than the land is worth. But, he wants and demands his revenge. Someone stole his property. It is easy for him to fight for he is a man of violence.

Now, let's look at Hamlet. His father has been murdered by his own brother. (Hamlet's uncle). To make matters worse, Dad is hardly buried in the ground when Uncle Claudius assumes the throne of Denmark and marries Hamlet's mom. The widowed queen is now the new queen. We are not sure if she was in on the murder, but something is definitely "rotten in the state of Denmark." Hamlet does not know all this because he has just returned from school. But wait, the ghost of the dead king starts walking on the battlements of the castle and when Hamlet sees him, the spirit demands revenge for his murder.

If Hamlet were like Fortinbras, he would not hesitate for a minute. He would kill the evil uncle and who knows what he would do to his mother. But, that is precisely the point. Hamlet is like you and me. He is like a real character in a single role struggle which is what Fortinbras represents. Hamlet has anger but he also has doubt. He has desire for

revenge but he is also uncertain if he can kill. He hates his mom but he also loves her. He believes his father's ghost on the one hand but what if the ghost is an evil liar from the devil?

Hamlet just cannot decide if he is gentle Hamlet or avenging Hamlet. He spends the whole play being unable to decide. In fact, he is so upset that he takes his conflicting emotions out on his old girl friend, Ophelia. She in turn is so upset by this that she drowns herself. What a mess! In the end, Hamlet never does make a decision on his own. Claudius, the evil uncle, sets up another murder plot to take our Hamlet. When the plot unravels everyone ends up getting killed. But class, the morale of this story is not the ending. It is the conflict over what role to take.

The Role Playing and Sharing

The class is then divided into groups of three. The protagonist (Prince or Princess) is flanked by two students whose roles are that of revenge and caution, action and inaction. Each of them is given the chance to appeal to the Protagonist, to act or not to act. They go through several rounds, with argument and debate encouraged. The students must be on their feet and gesture strongly. Passionate persuasion is the key to their roles. After fifteen minutes or so the first role playing is complete and the people in each of the roles is given a chance to chose how they felt when they were in their role and especially explain how the others may have affected them. What did they think and what did they feel? This process is repeated twice more with each person getting to play the other roles. The net result is a class experientially ready to relate to the concept of role as a powerful force in their lives and an essential point of choice.

Conclusion

It is vital for self knowledge, and therefore self development, that the individual be aware that they impact and are impacted upon in relationships. Freedom of choice is precisely that ability to ignore or throw oneself into a role. If you don't know your choices then decisions are most often made by default. What that means is you have no rudder on the helm of life. You are adrift.

Role playing is natural to children as they do that every day as they mature into young adults. When given group support it is amazing how many people are willing to be very dramatic. This technique is both fun and instructive at both an experiential and cognitive level. It addresses a key concept of growth and development. The influence of others in our life choices.

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Inclusion of Students with Disabilities: Issues for the Classroom Group

Teesue H. Fields

Overview

Students with disabilities are now being educated with same-age peers under a model of education known as inclusion. Other models of special education assign students with disabilities to segregated classes where they receive their primary instruction from teachers with different training and certification. Little time, if any, is spent in the regular classroom. With inclusion, any academic services needed for students with disabilities are provided in the regular classroom. Services may include special materials or equipment, adapted lessons, or classroom aides.

The inclusion model hopes to bring about favorable academic and social benefits for students with and without disabilities. However, when students who were previously excluded from the classroom are now included, there are implications for the social structure within the class. Parents and teachers have been concerned that it will be difficult to integrate students with disabilities into the regular classroom. When school personnel utilize what is known about how groups form, work, and process activities, then the inclusion classroom can be more successful (Lyman, 1993).

The Classroom Task Group

If a group is defined as people who relate to each other in some way, then the classroom is a group. Even though the degree of relationship may vary by classroom organization or by class activity, there is some group interaction during the course of the class day.

The classroom group is basically a task group rather than a psychoeducational or therapeutic group. The overt task of the classroom group is to master the school curriculum. The covert task is to promote personal and social growth of the students (Schmuck & Schmuck, 1992).

In many classrooms, issues of personal and social growth are seen as extraneous to the central task of the classroom: mastering the curriculum. Teachers often deal with conflicts, issues of acceptance and rejection, and class cohesion only when they are forced to do so. In the inclusion classroom, these issues will surface quickly.

All teachers can be more effective if they plan time and activities which will enable students to deal with issues of personal and social growth that occur in the classroom group.

Using the Classroom Meeting

The method for group process frequently used in schools is Glasser's (1969) model of classroom meetings. Through regular and frequent meetings of the classroom group, the teacher can help the group process both task issues and personal conflict issues in non-evaluative sessions.

The teacher can lead a discussion of task-related issues, for instance, whether or not the directions were clear or whether the resources were adequate. But the teacher can also introduce topics such as individual differences, cooperation, and decision-making which are essential to group functioning. The class meeting is the place to work on interpersonal conflicts that may be interfering with task completion.

While the classroom meeting can provide an effective structure for group process, there will be some unique issues for the inclusion classroom.

Issues for Inclusion Classrooms

Acceptance

Before beginning the work of the classroom group, it is important for group members to feel comfortable with each other. When a student with a disability enters the classroom group, other students may focus on the "differentness" of the student and be reluctant to accept him or her into the group. The teacher can promote group cohesion by expanding the norms of acceptance to include the differences. This should be done with the entire group present, including the student with a disability (Bilken, Corrigan, & Quick, 1989). If the discussion on differences

occurs without the student with a disability present, then the student with a disability is excluded from the outset.

It should be expected that acceptance will be a recurring issue for the classroom group and the student with disabilities. For instance field trips typically taken by the teacher may have to be modified to be sure the student with a disability can be included.

Recognition of Commonalties

One of the benefits of all group interactions is for the individual to be aware of the commonality of human problems, thus decreasing the sense of isolation. This is particularly valuable for the student with a disability who is often isolated in the classroom group.

As the classroom group recognizes common problems, joys, and interests, the classroom becomes a more cohesive unit. All students feel less alone. For instance, many students can share a love of popular music or feel sad at the loss of a pet. This loss of isolation will also enhance cooperation on classroom tasks.

Task Differences

When the classroom group works on a curriculum task, there is a sense of shared expectation and mastery, even though there may be individual differences in levels of achievement. The student with a severe disability, however, may need to work on a entirely different task. The teacher can help the class understand that while the task might be different for the student with a disability, he or she is still working on a learning goal which will advance the student's progress.

The class can process the ways in which all students contribute to the overall classroom group task. Or, with some tasks, the group can suggest ways that each member can best contribute to mastering the task (Johnson, Johnson, & Johnson-Holubec, 1988). If the level of acceptance is high in the classroom group, then it will be easier for the class to appreciate the contribution of the student with a disability. This is another reason that issues of acceptance will need to be reprocessed throughout the life of the classroom group.

Social Growth

One of the strengths of an inclusion classroom is that it allows all students to interact socially with peers. However, often a peer friend is "assigned" to provide social interaction and some caretaking of the student with a disability. Although this may be a very positive relationship, it does not allow the student with a disability to be truly a part of the classroom group.

A more effective group work model would be to use peer helpers for a variety of students and also have different peer helpers for different tasks. Of course, it will be equally important to recognize and promote the helping skills of the student with a disability. When all students are seen as having capabilities that will help their classmates, then group cohesion is enhanced.

Immediacy

Dealing with a conflict when it occurs is an extremely valuable group process, but it may be even more important in an inclusion classroom. Because inclusion students are dealing with a new social structure, it is beneficial to discuss concerns when they arise if possible. An alternative would be to have classroom meetings at the end of each day so that issues can be discussed while still fresh. If the classroom group spends sufficient time at the beginning of the year becoming familiar with the group process and working through issues of acceptance, then students will be comfortable with immediacy.

Conclusion

The inclusion classroom offers great opportunity for all students to experience broadened norms of acceptance and respect for the contributions of all individuals. Although the primary task of the classroom group is to master the curriculum objectives, task completion need not come at the cost of personal and social growth.

When the classroom teacher pays attention to the way in which groups form, work, and process activities then the student with a disability stands a greater likelihood of being integrated into the classroom group. When all students are included, the classroom task will be accomplished more effectively with benefits of intellectual, personal, and social growth for all participants.

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Working with Adults and Families in Groups

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Helping Older Adults Age With Integrity, Empowerment and Meaning Through Group Counseling

M. Carolyn Thomas, Virginia Martin

Overview

A major challenge for older persons is to traverse their graying years with a sense of ego integrity, empowerment, and meaning. The ultimate developmental task of ego integrity is marked by satisfaction with a life well spent and the absence of despair or discouragement (Erikson, 1963). Empowerment is the ability to develop positive, satisfying lifestyles and maximize developmental potential and life satisfaction (Myers, 1991; Waters & Goodman, 1990). Meaning may be found in core values, themes, or a sense of continuity. (Thomas, 1991).

Although many individuals spend most of their older years in good mental and physical health, sound financial status, and with a solid family and social support system, aging is inevitably accompanied by loss (Myers, 1991). Increased vulnerability to health problems may create financial difficulties and unwelcomed lifestyle changes, resulting in loss of autonomy. The illness or death of a spouse and cohorts may render the healthiest older person fearful, alienated, and lonely. Feelings of worthlessness may develop as older individuals internalize their devalued social position and lose control over their lives (Myers, 1991). The normal losses of aging are intensified for homebound or institutionalized older adults suffering serious mental and physical impairment. Resisting discouragement and despair may become difficult for older persons coping with multiple losses. Feeling empowered and finding meaning may seem impossible in the face of alienation and isolation.

If the challenge for aging persons is to transcend these obstacles to ego integrity, empowerment, and meaning, the test for society is to create an environment where the effects of such obstacles are minimized. Groups for older persons and their caregivers can provide small but developmentally healthy environments where the losses associated with aging may be translated into gains.

Benefits of Group Counseling

Several types of groups for older people are described in the literature, each having benefits common to most groups, and benefits specific to the particular type of group. Developmental benefits common to most groups include A. increased feelings of community and belonging; B. strengthened social support and interaction; C. decreased isolation and loneliness; D. acquired coping skills; E. rediscovered uniqueness; F. resolved issues; and G. a restored sense of control, self-worth, and integrity (Thomas, 1991).

Reminiscing groups are appropriate for older persons living independently in the community and functional older persons in long-term care facilities. These life-review groups are especially helpful for finding order and affirmation in the patterns of one's life and in discovering central meanings in seemingly disconnected parts of life. Resolving past hurts and conflicts, discovering core values, and identifying personal themes help members uncover meaning from their past (Thomas & Martin, 1992).

Training groups may provide a safe environment in any setting for learning new coping skills to deal with losses. Participants can also learn interpersonal skills to develop new friendships, repair relationships, and rebuild a needed but weakened support network (Waters & Goodman, 1990). Psychotherapy groups in community or institutional settings help members who have diminished coping skills adjust to life stresses and personal problems. Reality orientation groups are usually conducted in inpatient settings and are more appropriate for older persons disoriented in time and place. Preventing and slowing progressive deterioration are goals of this group type (Thomas & Martin, 1992). Additional benefits from a variety of groups are apparent in the group titles, such as remotivation, exercise, bereavement, assertiveness, family therapy, sexuality, self-esteem, art, music, or psychodrama groups.

Groups for caregivers of older persons can help make the older person's environment delopmentally

healthy and conducive to empowerment. Caregivers experience problems with confinement, infringement on lifestyle, restricted social life, work and family conflicts, and emotional and physical stress. Groups can help caregivers reduce conflict and stress, deal with special parental needs, increase understanding of illnesses, and use available resources. When caregivers find information, resources, and support, they are able to significantly improve the environment of older family members (Gladding & Thomas, 1991).

A group growing in popularity is the peer group. Seniors who counsel seniors may be empathic, respectful and without the negative attitudes toward working with older persons reported of many professionals. Peer group counselors may also provide empowered role models for successful aging (Waters & Goodman, 1990).

Training Recommendations

Competencies needed for group work with older persons may vary with the special needs of the client population and the type of group offered. Counselors offering groups for older persons need the basic knowledge and competency skills recommended by the Association for Specialists in Group Work (ASGW) (1990). Counselors should also have specific training in developmental issues of aging, effects of various physical or mental limitations, intergenerational issues, common aging concerns, and resources available for older persons. Finally, specific counseling skills needed for psychotherapy or reality orientation groups differ from those skills needed for reminiscing or training groups. Family therapy, art, music and drama, sexuality, or other specialized groups would each require specific competencies in addition to general group and gerontological competencies.

An ideal training format might entail using a Council for Accreditation of Counseling and Related Educational Programs (CACREP, 1994) gerontology specialty program, which is a formal counselor education program adhering both to CACREP standards and the ASGW standards for training group counselors. A counselor graduating from a program not approved by CACREP or a program not following the ASGW professional standards could plan an individualized training supplement to acquire the equivalent of the ideal training format.

Caution is encouraged when advocating peer group counseling with older persons. Waters and Goodman (1990) emphasized the necessity of carefully selecting peer group counselors and providing training that is skill oriented. Paraprofessional skills are rarely as developed as those of professional counselors. Consequently, peer group counselors should always work or volunteer only under the direct supervision of a trained group counselor, and only with topics to which a peer counselor can add empathy, insight, support and example.

Conclusion

We grow old, individually and collectively. Life expectancy has almost doubled in the last century, but the quality of life has often diminished as the quantity of life increased. Declining birth and infant mortality rates have combined with increased longevity to create an expanding population of older persons. Individually and collectively, our developmental task is to continue realizing our full potential:self-actualizing and fully functional. The counseling profession is challenged to help older persons and their caregivers influence society to create and maintain an environment in which ego integrity, empowerment, and meaning are not only possible, but probable.

Group counselors can contribute in seemingly small but significant ways by offering groups which are small models of a larger world. Groups can teach older persons how to cope with a new and often difficult stage of development. Groups can provide the safe environment for resolving old conflicts, building new support systems to replace lost families and friends, and developing feelings of a life well lived and full of meaning.

In order for group counselors to build environments that replace despair, discouragement, fear, loneliness and dependency with empowerment and autonomy, these counselors must be trained. Since group work and gerontology are both specialties, training in both disciplines is necessary. The growing trend in using peer group counselors calls for paraprofessional training standards and supervision guidelines.

Older persons are not the only ones who benefit from these groups; group counselors also reap rewards. By increasing the probability that older persons with whom we work achieve ego integrity, we add to our own meaning. We find road maps for traveling the paths before us. We learn that family is a community, not a genealogy. We ultimately receive from the older persons we serve all the gifts we give, because their present will eventually become our future. By helping them realize their dreams, we are building our own reality.

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Parent Education Groups

JoAnna White, Fran Mullis

Overview

Parenting is the most important role that an adult can assume. However, few parents are prepared to deal with the challenges of child rearing as these challenges relate to the emotional needs of children. Helping professionals have attempted to meet this need by teaching systematic parenting skills through group parent education classes.

Currently, parent education is of the utmost importance since today's parents are raising children under social conditions decidedly different from those that the parents experienced as children. In addition to the growing number of teenage mothers, families are under a great deal of stress related to transitions such as divorce, single parenting, moving, or blending two families together (Fine, 1980). Additionally, because today's children are exposed to a wealth of information regarding the worldwide struggle for equality, they do not respond well to autocratic parenting.

Types of Group Programs

Even though research on the effectiveness of parent education is inadequate, a review of the parent education literature indicates that the group format is the preferred method for providing parent training. Croake and Glover (1977) believed that parent education and group methods are practically synonymous. Training parents in groups provides a parsimonious, cost-effective method for reaching large numbers of people who can see that their problems relate to typical child rearing issues and where reeducation is more appropriate than therapy. Medway (1989) reports that there are three major models for providing parent education: A. reflective, b. behavioral, and C. Adlerian. Reflective parent education, such as Parent Effectiveness Training (Gordon, 1970), focuses both on awareness of the child's feelings and on parents' listening and communication skills. Behavioral parent education is centered in the belief that one should attend to observable behaviors. According to Fine (1980) the behavioral approach to parent education seems to receive the most criticism in that it may ignore developmental issues, children's rights, and may not generalize to other settings. Adlerian parent education, such as Active Parenting Today (Popkin, 1993) and Systematic Training for Effective Parenting (Dinkmeyer & McKay, 1989), emphasizes the child's goals of behavior, encouragement, and logical consequences.

As explained by White and Riordan (1990) the structured group process is used regularly by helping professionals in a variety of settings. No matter which theoretical approach the leader employs, for teaching parenting skills, psychoeducational groups are preferable to individual counseling.

A review of Baumrind's research (1967, 1971, 1972 cited in Fine & Henry, 1989) suggests that an authoritative parenting style may serve as the best model for teaching parenting skills. The authoritative style is one in which parents provide guidance and limits through warm, respectful, and clear communication with their children. Children raised in an authoritative atmosphere tend to be more self-reliant, competent, and mature (Fine & Henry, 1989).

Instructor Characteristics and Training

Although there are no standards for parent education group leaders, guidelines for effective group facilitators provide some indication of helpful leader traits. Using nontechnical language, providing a clear description of program goals, thoroughly explaining and demonstrating suggested interventions, and accepting participant differences in background and values (Miller & Hudson, 1994) contribute to effective group leadership.

In an extensive study of people in the helping professions, Combs (1969, cited in Dinkmeyer & McKay, 1989) found that basic beliefs about others separated effective helpers from ineffective ones. Effective helpers believed that people are able, friendly, worthy of respect, internally motivated, creative, trustworthy and dependable, and are helpful. Having these beliefs about others encourages growth in group members.

There is wide variability in the amount of training deemed necessary for leaders of parent education groups. Some programs such as *Active Parenting Today* (Popkin, 1993) and *Parent Effectiveness Training* (Gordon, 1970), require a training program for their group leaders, although the prospective leaders are not required to have a background in a related professional field, such as counseling, psychology, teaching, or social work. Other program developers, such as Dinkmeyer and McKay (1989), do not require training or a related professional background for leaders of *Systematic Training for Effective Parenting* (STEP). It is their belief that lay persons who are able to lead discussion groups can be successful parent education group leaders if they thoroughly study the manual and follow its structured lesson plans.

Leader responsibilities influence the competencies and training expected of parent education group leaders. A leader who facilitates only the discussion of specified reading material would have different training requirements and competencies than the leader who is expected to not only lead discussions, but also to provide information and skills training for participants. Fine and Henry (1989) state that there seems to be a trend toward more formalized training in parenting and family life in both high schools and colleges. Perhaps in response to this movement, more recent parenting programs consider parent education a professional undertaking.

Ethical Issues

Because there are no standards for parent education group leaders, no ethical guidelines exist to which leaders must adhere. There are, however, several responsibilities delineated by Fine (1980) which are important for leaders.

Due to the variability in leader training, a clear statement of leader qualifications is essential so that parents are less likely to be misled by incorrect or biased information that a supposed "expert" leader might suggest. In addition, specific program goals should be stated both in advertisements for the program and at the first session. Guarantees of success should be avoided, and cautions about the consequences of changing behavior should be provided.

Parents should be given reasons for suggested interventions, but should not be made to feel that they must make changes with which they are uncomfortable. Leaders also need to protect participants from being attacked or criticized by other group members. Because parent education is not group therapy, the leader is also obligated to make certain the participants remain focused on information sharing and learning skills and do not stray into interpreting their own or other participant's behavior.

The values on which the program is based should be shared with prospective group members so that they can decide if they want to participate. Parenting styles may dramatically differ and although some practices, such as physical, emotional, and sexual abuse of children are clearly illegal, other beliefs about parenting may be dependent upon cultural background. Therefore, the leader must be sensitive to differences and convey this to the members. An effective leader helps parents feel less anxious about being in the group and assists them in determining appropriate parenting techniques.

Recommendations for Research

As is true of most helping interventions, more research is needed in the area of parent education. Perhaps because most parent educators are practitioners rather than researchers, effectiveness of parenting programs is often based on participants' statements of enjoyment and helpfulness, rather than on well-controlled studies. There is a need for a consistent definition of terms related to this type of group.

It is important that researchers evaluate the personal qualities and the educational and professional background of the group leader. More attention needs to be given to the interaction of participant characteristics such as family type, age of children, and parent educational level and parent education program attributes and goals. Contacting group dropouts to determine their opinion about the group and reason for leaving would add valuable information. Few studies randomly assign parents to experimental and control groups or even have control groups. Controlling other interventions is difficult if not impossible in evaluating parent education. Other suggestions for improving research include using follow-up measures six months or longer after the group has ended, video taped or observer assessments of parent-child interactions, and questions that look at changes from a systems perspective rather than from an individual viewpoint.

Although research to date indicates that most parents like parent education programs and state that they are helpful (Fine, 1980), more empirical data is needed to confirm or refute these statements and to delineate the program characteristics that are most

helpful for particular types of participants and parenting concerns.

Conclusion

Providing parents with systematic child rearing techniques is a valuable contribution to the welfare of children. Practitioners typically choose group methods to teach parent education. Although there is anecdotal and empirical evidence to support the effectiveness of parent education groups, more systematic and well-controlled research is needed.

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Multiple Family Group Therapy (MFGT)

Alicia M. Homrich, Arthur M. Horne

Overview

Multiple Family Group Therapy (MFGT) involves the simultaneous treatment of several families together in one group led by one or more therapists. As a modality, MFGT encompasses diverse settings, organizational structures, clientele, and approaches. Ranging from two to thirty or more families, weekend marathons to on-going weekly meetings, this therapeutic form is designed to help families help themselves and each other change and grow. MFGT combines family therapy with group therapy in both theory and practice. "The essential element is the presence of other families in the group. The multiple family therapy system seems to be more powerful than a single family system and more potent than a peer group system" (Benningfield, 1978, p. 32).

H. Peter Laqueur is the first author known to have published on this mode of treatment beginning with work he initiated in the mid 1960s. He is considered the originator or "father" of this therapeutic form which began at an in-patient, psychiatric hospital setting for families of schizophrenics. Since its inception, MFGT has been successfully operationalized in out-patient mental health settings, post discharge follow-up for in-patients, correctional institutions, school settings, and as supplementary treatment for family members with mental illness, addictions, and other issues, such as physical and sexual abuse.

O'Shea and Phelps (1985), in their comprehensive article examining this model of therapy, proposed the following working definition of MFGT: a deliberate, planful, psychosocial intervention with two or more families present in the same room with a trained therapist for all or most of the sessions. Each participating family should have two or more members that represent at least two generations in the family and are present for all or most of the sessions. Sessions should have an explicit focus on problems or concerns shared by all families in attendance. (p. 573) In addition, the authors emphasize the significance of cross-generational family interchange and the importance of presenting interactional patterns within the family.

Description of MFGT

Treatment Phases of MFGT

According to Laqueur (1980) there are three phases of treatment in MFGT. Phase one is evidenced by the families' sense of relief, or initial anxiety release, that something is finally being done to help with the problem, thus generating a spark of hope. Phase two begins when resistance to treatment appears as families experience fear of exposure and begin to realize that "a serious change in attitude and behavior is required not only of one member of the family but of all of them" (p. 22). The third phase, which is reached slowly, occurs when the family realizes that simultaneous change is needed from all family members and that the real work begins when families commence to help themselves and each other with openness and increased self-confidence.

Role of the Therapist

The therapist in MFGT is more active than in peer group therapy or individual family therapy and can be compared to the conductor of an orchestra or a theatrical director. Regardless of the analogy, leadership of a multiple family therapy group requires an active role in a fast-paced setting. The skills needed to maintain the appropriate atmosphere for group dynamics in MFGT are similar to those of a typical group leader. However, some of the requirements of the multiple family group therapist are more challenging in that the situations presented may be unique and will require a more acute sense of timing, a greater range of technique, and substantial knowledge of family dynamics and intervention methods (Frager, 1978).

The MFG therapist provides descriptive information, attempts to elicit feelings, locates

and displays alliances and counter alliances, does not take sides, is sensitive and perceptive to the needs of all group members, and helps the group focus on basic messages inherent in the group (Benningfield, 1978). The therapist(s) will, at the same time, be less powerful and less central "because the group is the primary mechanism for changing the family system. The group becomes the mirror in which the family sees itself. The group encourages, challenges, supports, and reflects so that the family members can become who they want to be in relationship to each other" (p. 32).

Group Work and Multiple Family Therapy

Both group work and family therapy are based in systems theory which is a structural metatheory emphasizing interaction or the process of exchanging energy and information (Durkin, 1980). Systems theory provides the common ground which combines family therapy and group therapy into MFGT.

MFGT is similar to group therapy in that it brings together a variety of people. It is different from group therapy in that its members are all related, have a common history, and go home together with their belief systems and behavior patterns still in active operation. The dynamics of the MFGT group will be more heavily influenced by the history as well as the current dynamics of the families participating in the group than might be the case with individuals in a group setting, primarily because there are so many people enacting the family dynamics.

Frager (1978) identified curative factors of MFGT as universality, cross-interaction, identification, analogy, models, peer support, milieu, reality testing, role change, sharing of different attitudes, and catharsis (p. 109). These factors can be conceptualized as combining the advantages of group therapy with total family units. Frager also believes that whole families interacting with other whole families creates a learning environment in which the group experience can provide a clearer picture of family dynamics to the family since feedback is usually offered in concrete behavior examples as opposed to abstract theoretical concepts, helping the family to reach conclusions based on explicit evidence rather than distorted communications (p. 112).

O'Shea and Phelps (1985) identify that the most distinctive feature of MFGT is that it "attempts implicitly or explicitly to establish a social network that can provide cohesion and mutual support" (p. 573), and Benningfield (1978) cites the utilization of other families as co-therapists as a primary mechanism for change as significant in MFGT.

Future Implications for MFGT

While this form of therapy has not achieved the popularity originally predicted by its founding clinicians, MFGT may simply be suffering from delayed development. Changes in the current therapeutic environment and several emerging trends in psychotherapy may herald the resurgence of MFGT.

With the advent of managed care and accompanying economic restrictions on therapeutic interventions, MFGT is a cost effective way to help families. A greater professional to client/family ratio makes it an attractive alternative to time-and-cost-intensive individual or single-family therapy. Not only can more families be served with less professional staff time, savings through reduced overhead in the form of duplicated office space and clerical support will result in administrative and economic benefits to the managing organization.

MFGT also has transcultural implications in the treatment of family functioning. O'Shea and Phelps (1985) believe that the multiple family group is a microcosm of the larger social and cultural context by virtue of the fact that several ages, family roles, phases of psychosocial development, and stages of the marital-family life cycle are embodied simultaneously by the participants. As such, the group more accurately reflects the social/cultural context and provides more qualitatively varied opportunities for learning, adaptation and growth that group therapy does (p. 569).

Additionally, the MFGT format may actually offer specific cultural groups a more familiar environment in which community-based helping and problem solving is valued, thus creating a safer context in which to make familial changes.

Other advantages or characteristics of MFGT include a situation in which the presence of two or more "identified patients" or symptomatic family members diffuses the stigma associated with being the problem bearer, allowing for a shift in emphasis toward understanding individual differences of family members between and within groups, thus resulting in a more positive perspective. The MFG is also less hierarchical than the traditional therapist-client dyad, and "families do not have to cope with the 'authority' of the therapist in isolation but can

observe obliquely from their peers" (Benningfield, 1978, p. 29). Further, troubled families often live in isolation, which often compounds some of their problems. The very action of being involved with other families, especially in a therapeutic setting, can help families establish relationships and expand beyond their own unit to find help and support in others. The individual-in-relation-to-self perspective is replaced with a broader individual-in-relation-to-others approach with a contextual focus on the individual as part of a system or community.

Conclusion

Multiple Family Group Therapy may have been ahead of its time initially, however, the resurgence of this integrated form of group and family therapy appears to be slowly regaining recognition and consideration within currently changing therapeutic perspectives. New and innovative applications of MFGT are likely to develop in the future.

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Multifamily Group Psychotherapy: Implementation and Process

Michael L. Baltimore

Overview

Given the growth of the family therapy movement and current trends toward more cost effective and efficacious treatment in mental health care, multiple family group psychotherapy is a therapy approach often overlooked. The lack of acceptance of this modality is rooted in the difficulty in managing such groups, the expertise required by clinicians, and a lack of exposure to this medium. A skilled psychotherapist must work from a group therapy and family therapy perspective to combine the best features of these modalities to help change occur. Thus. limited research efforts and a slowing of the growth of this particular modality has resulted.

Family therapists have long understood the complications in assessing and influencing a single family system. To assess several families and manage process among families simultaneously presents a considerable task. Yet, multifamily group therapy, combining group psychotherapy and theory and technique from family therapy, has the potential for significant treatment efficacy.

What is Multifamily Group Psychotherapy?

Multifamily groups (MFG) began as a adjunct to planned hospital treatment and has historically been linked with the education of family members concerning various presenting problems related to a hospitalized patient. Yet, most definitions now include a wider view of the multifamily group that can be adapted to outpatient and other treatment settings.

O'Shea and Phelps (1985) provide the following definition of MFG: A deliberate, planful, psychosocial intervention with two or more families present in the same room with a trained therapist for all or most of the sessions. Each participating family should have two or more members that represent at least two generations in the family and are present for all or most of the sessions. Sessions should have an explicit focus on problems or concerns shared by all families in attendance (p. 573).

Further, O'Shea and Phelps report that the focal problems of the group should pertain directly or indirectly to cross-generational family interaction. The sessions should reflect interfamilial and intergenerational interaction. Also, actual or potential alliances among members of different families based on similarities can be utilized to achieve group goals.

Lacqueur (1976) is generally quoted by writers in this area as the first to attempt to combine family and group treatment. Lacqueur writes that only in this modality was society present in the form of several, unrelated family units. The larger, external influencing system was seen as having stronger, richer, and more varied resources for change than group or family therapy alone (Cassano, 1989). Thus, MFG has been described in the literature as a distinct hybrid that grew out of institutions' need to provide efficient therapeutic treatment and a combination of group and family work.

Settings, Leadership, and Structure

MFG can be found in a wide variety of institutions, private agencies, and among individuals providing therapy. A review of the literature reveals its use in a large range of client populations: schizophrenics, bulimics, learning disabilities, behavioral problems, mentally challenged, severely disturbed psychiatric populations, and adolescent substance abuse. However, it would appear that many family and interpersonal issues, yet to be addressed, could utilize multifamily group therapy.

The multifamily group leader(s) must possess clinical expertise and have training in assessment, treatment, and evaluation in order to be effective. While many disciplines are represented in the literature on MFG, the proficient leader, regardless of training program, must have a thorough knowledge of group therapy, including group dynamics and development and competencies in family psychotherapy. Knowledge in the various schools of family therapy, such as structural/strategic, inter-generational, Bowenian, solution-focused, and psychodynamic, is also helpful.

For the most part, the structure of the MFG varies

with the setting in which the group leader works. In general, MFGs are composed of three or more families gathering to discuss common concerns. Lacqueur originally recommended that each group be heterogeneous so that its members would focus on relationship issues. However, a more homogeneous group, linked to a presenting issue, is common.

The structure of the group refers to the process of establishing the type of group; planning; pre-group interviews; beginning, middle, and termination; and follow-up stages. First, a rationale for establishing a multifamily group must take into account several factors: the issues and the common concern for the group, whether it be an open or closed group, how often and for how long will it meet, what type of family will benefit from the group, and group leadership.

Pre-group interviews are important to facilitate orientation to the therapy model and to set expectations for membership. It also provides an opportunity for pretesting family functioning and allows for a subjective test of compatibility between families.

Multifamily Group Process

There are at least three distinctive phases or stages (Wooley & Lewis, 1987) that structure the multifamily group process. The first stage is characterized by education of the members about the group intent. As with most groups, this phase involves settling in and establishing group norms and purpose. During this stage, the therapist is active and provides a good deal of structure emphasizing similarities between family goals and circumstances. Family members are encouraged to interact with each other within their own family and the therapist intervenes to model and promote constructive interactions. This gives the families time to adapt to their surroundings before demands are placed on them. Discussion may also lead to the group's relationship to other environmental systems, i.e., school system, courts, etc. as the group becomes an entity.

In the middle stage, the therapist's interaction and direction declines. Interventions become more selective. Intra-family interaction occurs spontaneously. The interfamily process increases and the therapist's linking of intra-family peers may decrease. Families may report that contact outside the group is occurring. For the multifamily group, this networking can be positive. Group rules set prior to this may help to prevent splitting or the type of subgrouping that is detrimental to group process. Appropriate interactions with existing agencies and organizations is encouraged.

Therapists continue to assess family relationships: what triangles are occurring, what distorted perceptions are there, sequential behavior patterns, family myths, and a measure of family flexibility and resolve to change. During this middle phase, spotlighting one family to work can be beneficial. This assessment will allow the therapist to intervene appropriately as intra- and interfamily problems arise (Gould & DeGroot, 1981). The processing of a particular issue may involve participation from all group members.

Finally, the ending stage allows for the gains and understandings from past sessions to be discussed, so that the group may end on a positive note and gains may be reinforced. Here, the therapist begins to take on a more directive role again. The intra-family process consists of review for each family and the discussion of expectations for the future.

MultiFamily Group Techniques

Family therapy techniques, in general, fit well in the Multifamily Group model. Techniques associated with imagery and fantasy, structural exercises, family problem-solving, psychodrama, role-play, genogram drawings, behavioral contracting, and inter-generational homework are well adapted for MFG. Imagery work, including guided visual imagery and relaxation techniques, are also suited to MFG. Other techniques such as early recollections, recall of early years, and empty chair techniques are extremely valuable. Roles (fathers, mothers, teenagers, children, the targeted or symptom group, oldest, youngest, etc.) that naturally occur in families can be included in structured exercises during the MFG.

Structural family therapy techniques provide an opportunity for changes in perspectives. For example, family sculpting and family portraits are interesting and fun exercises for the participants. Strategic interventions, while well-suited for individual families, may be inadvisable due to compatibility issues across families in the group. Importantly, the processing of the results of these techniques becomes an most important component of the group work.

Conclusion

Multifamily groups are a valuable treatment modality and provide a powerful medium for change. The curative factors within the group process and the reenactment of family issues in family therapy are only a few of the important reasons that

make multifamily groups effective. For family therapists, a general systems model of treatment encourages this therapeutic approach. Combining techniques from both therapy models provide a wealth of interventions and resources from which the therapist can use to help their clients. MFG also allows the advantages of family therapy—seeing the family together, access to the dysfunctional patterns, and the therapeutic material from the family to be seen in the context of a group situation involving similar difficulties across families. This process allows for a powerful, and often, successful treatment outcome.

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Group Dynamics and Group Process

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Group Process

Jeremiah Donigian

Overview

Many group therapy models developed from individual psychotherapy. Since change usually took place as a result of the therapist conducting individual therapy in the group, crucial elements for change were limited to the dynamics of the interaction between therapist and client. It is my belief, however, that for group therapy to be a unique system for change, it must escape from its earlier roots and be conceptualized as a social system. As such, it can be divided into three subsystems which will be referred to as elements: 1) member, 2) leader, and 3) group. Each element is equally important in the group process.

Group therapy occurs as the result of the interactive process between the three elements. It is, therefore, important to consider all of the elements in relationship to each other. A change in one effects a change in the other (von Bertalanffy, 1968). Consequently, the student of group therapy must focus upon the transactional processes occurring among the elements of the group. Simple cause and effect relationships do not exist so using linear thinking to understand the dynamic interactive process of the group will not work. Therapy groups are living social systems; regardless of where the therapist makes an intervention, its effect will be felt (have an impact upon) the rest of the system. Therefore, the therapist needs to consider how an intervention will influence all three elements. To touch one element is to touch all three, which in turn elicits or releases group processes.

Types of Group Processes

Contagion

Member behavior can elicit group processes. For instance, a member in one of our groups was talking about her sense of "emptiness." The more she talked and described her emptiness, the more involved members became by sitting forward, some crying, some touched deeply. Group behavior would have depicted eight members "leaning" towards the talking member. The female member, by talking in such a way about her "emptiness," acted as an emotional stimulant to the group. Her sharing elicited the group property of emotional contagion which triggered the involvement of the group at an emotional level.

Conflict

Becoming experientially involved in a group leads automatically to conflict. It is an unavoidable consequence. Generally, conflict pervades each element at varying degrees of intensity, throughout the life stages of the group. The conflicting issues often are over such existential matters as significance, authority, autonomy, attraction, intimacy, dependence, growth, change, power, control, and loss. These issues cut across and through each of the three elements. Neither the group, individual members, nor the leader(s) are exempt from experiencing them. Experiencing conflict is what the leader holds in common with the members of the group. However, the difference for the leader is he or she must come to terms with these issues. Acknowledging or recognizing conflict allows the leader to have access to the emotional intensity, which ultimately powers the therapeutic process.

Anxiety

Anxiety is a state of continual tension resulting from unsuccessful attempts to cope with internal conflicts, the roots of which can be traced to our first group — our family of origin. When confronted by conflicts presented in a therapy group (for example a member revealing how she was abused by her father), members may feel a rumbling inside their stomachs, or a sudden sense of emptiness that will not go away. When this state of tension persists, members want to make it go away and may employ restrictive solutions (Whitaker & Lieberman, 1964) such as changing the subject of group discussion, attacking the talking member, ignoring the member, detaching themselves from the group, or talking at an intellectual level. If successful in reducing the tension in this manner, a member interferes with

another member's learning, the group's development, as well as self growth.

If, on the other hand, members employ enabling solutions (Whitaker & Lieberman, 1964), such as listening more openly to other members, they allow themselves to experience the anxiety and talk about it. Anxiety, then, can be a friend. A step in the right direction is to allow oneself to talk about feelings in response to the other members.

Several assumptions can be drawn regarding the role of anxiety and its impact on group process. First, specific issues or themes relevant to members' concerns can arouse anxiety in all the three elements. Second, either member(s), leader(s), or the group will attempt to curtail the level of anxiety by enacting restrictive solutions. Third, anxiety, in general, should be distributed among group members and not vested in one group member. Fourth, anxiety is a mobilizer of group process. The more distributed and intense the anxiety, the more evident the solutions acted out by group members. Thus, more therapeutic data and clues are available to the group therapist.

A group with minimal anxiety will typically result in minimal interactions and involvement. Without tension, a therapy group is rendered useless, becoming dominated by restrictive and few enabling solutions.

Consensual Validation

One of the most significant values of group therapy is that it provides an opportunity for checking one's behavior out with other persons, an option that is not available in individual psychotherapy. Clients, therefore, receive feedback from the group as opposed to a single individual. The primary function of the group is to facilitate individuals to gain effective interpersonal skills for coping with their other social environments.

The group provides a setting where the leader's views may be openly called to question and confronted. It is an important moment when authority figures are challenged and can simultaneously be validated as to their purpose in the group. Similarly, the group as a whole can receive validation from individual members and the leaders as to the facilitative value or lack thereof of its behaviors. Nowhere else can we find ourselves saying this about a therapeutic relationship.

Universality

The notion that all human beings are similar is not new. Yalom (1985) has stated that once members of the group begin to interact, they soon discover that they have more in common with each other than not. This further supports why it is important for leaders to use all of the skills they can muster to get members to interact with each other. The more leaders are able to help members recognize the similarities of their experiences and feelings during the early stages of the group, the more they will be also facilitating group unity.

Family Reenactment

One's family of origin and one's childhood conflicts never cease being an influence on current behavior in the group. In many ways, the group resembles a family. There are the parent figures (co-leaders) who represent authority and there are the members who can represent siblings. It is quite common to expect that members will play out old family scripts, including unresolved issues with authority. Recognizing this when it occurs can provide leaders with the opportunity to help the member(s) work through these old emotional impasses and unfinished family business by having the member(s) test new approaches to dealing with these issues in the group. By helping the member(s) to take a more here and now focus, the leaders can avoid lapses into the past (there and then) and have the reality of the current interaction with members (and even the leaders) receive the focus of attention.

Instillation of Hope

Those who come to therapy are in all likelihood feeling hopeless. They probably have made many attempts to solve their problem(s), all of which have failed. In such cases, patients seek out therapy and see it as a last resort. The task of the leaders is to believe in the value of their work and in the power of the group (Yalom, 1985). For as members of the group manage to come to terms with their own issues, they model for others the possibilities for their own success.

Conclusion

Leaders need to *reframe* the way they *think* group. It was proposed that therapy groups are to be viewed as living social systems and that what distinguishes interactive group therapy from individual therapy is the presence of group processes. These group processes evolve as a result of the interdependent interaction that occurs between the member(s), leader(s) and the group. It is the recognition and management of these processes, as well as understanding how they are generated and influence group development, that play a vital role in effective group leadership.

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Efficient Therapy Groups: Intervening to Shape Group Norms

Rebecca R. MacNair

Overview

Therapy group norms are drastically different from standard social norms. Therefore, much effort is needed to form the group culture, which can be defined as the therapeutic social system. Every group creates a set of unwritten rules or norms which determine the behavioral procedure of the group (Yalom, 1985). Group therapy leaders teach members to interact within a culture that facilitates therapeutic change. The norms usually include self-disclosure, valuing the study of interpersonal relationships in group, staying in the here-and-now, and relating in a spontaneous and honest fashion, among others.

In the era of managed health care, efficiency is imperative in current discussions of treatment. Building group culture with norms and standards is critical in the process of moving the group toward working stages and beneficial interpersonal interactions. It is vital that leaders deliberately *create* group norms from the first session, which will influence all therapeutic events that follow.

Leader Interventions and Group Development

Leaders influence group movement with almost everything that is said and done. Whenever leaders interrupt clients and ask them to speak in the first person, ask members to respond directly to each other, or notice a particular group dynamic, they influence group behavior. These norm-setting interventions can range from indirect reinforcing techniques to explicit instructions.

Intentional culture-shaping interventions must be delivered with appropriate timing and content. The pacing of these interventions must correspond to the development of the group so group members can hear and respond to interventions. Leaders consider whether an intervention is appropriate for the current group climate/development. Group development and culture-building evolve differently in closed and open-ended groups. The group development, especially in open groups with new members joining intermittently, can often dictate the norm setting process.

With open-ended groups, the typical developmental progression is interrupted by the continual change in membership. Interventions must be planned to continually create and maintain norms because with each new member, setbacks to less healthy modes of responding often occur. For example, experienced members may give advice to the new member or attempt to dominate speaking time. Reaffirming norms with each new addition and having clients restate their goals are vital. Observing behaviors that are inconsistent with goals is also crucial for maintaining norms. Consistently introducing norms from the beginning is a key to forming a healthy group.

Research Examining Norm-setting

Empirical research in the area of norm setting is scarce, but researchers have recently begun to explore structured techniques that may help create healthy group interactions. Kivlighan and Jauquet (1990) demonstrated that realistic goal-setting during early sessions engages the group in more productive interactions. Leader inactivity in early group sessions has been noted to be a central factor in client decisions to drop out of group. Furthermore, early structure by the leaders has been linked with increased levels of self-disclosure by group members (McGuire, Taylor, Broome, Blau, & Abbott, 1986).

How to be Directive in Shaping the Group Culture

Reinforcement for group behaviors has gotten increasing attention lately. Immediate, direct, and uncomplicated feedback appears to be the most effective method of giving approval in order to shape group member behavior. I propose adapting a model of organizational management developed by Edgar Schein to reinforce the group culture. Schein (1985) proposed powerful mechanisms for culture embedding and reinforcement in organizations,

which are modified here for group therapy norm-shaping and culture-building:

1. **Criteria for the Allocation of Rewards and Status:** To guarantee group therapy values and norms will be learned, leaders must establish a reward and reinforcement system that is compatible with those values. Group leaders can quickly communicate their own priorities and values by linking reinforcement to the behaviors they want to increase.

   Examples:

   A. "You shared a painful emotion with Nancy, and that took courage and strength to share."

   B. "So you are irritated with Jeff. You are giving him valuable feedback."

2. **What Leaders Pay Attention to, Measure, and Control:** What is noticed and commented on, including casual remarks and questions by the leaders, sends messages about desired modes of interacting. If leaders are aware of their own therapeutic attention, this can be a powerful way to instill values and messages about client dynamics. The group therapists' attention acts as a cue to therapeutic priorities, purpose, and theory.

   Examples:

   A. "I notice people seem to be withholding feelings from the group as you speak. You are protecting yourselves today."

   B. "Are you angry with me, Ray? If you have an issue with me, I'd be glad to respond to that." (Any reactions, confrontations, or challenges to the leaders are noticed.)

3. **Leaders' Reactions to Critical Incidents and Crises:** Crises are pivotal in shaping the group culture because of the intensified emotional involvement during such times, which augments learning. Leader reactions to crises teaches members how to be emotionally responsive to each other.

   Examples:

   A. "I am noticing that as Doug is talking about feeling suicidal, the group is attemptingtalk him out of his feelings."

   B. "What do you need from the group right now?"

4. **Deliberate Role Modeling, Teaching, and Coaching:** Leaders teach norms in the pre-therapy training session, which helps clients obtain the necessary schemata for experiential data as it occurs. Leaders then present their own congruent behaviors as the group progresses. Leaders' observable behaviors have immense value, moreso than initial instruction; explicit coaching is also a powerful teaching mechanisms.

   Examples:

   A. "Maybe you could ask for help right now."

   B. (to a passive group) "We have 10 minutes left for today. I'd like you to think of leaving here. Who will be disappointed that they did not bring up an issue?"

5. **Selection Criteria:** One of the most influential ways to instill and maintain culture is to select group members who will help create an effective group culture. Clients with prior individual therapy, and those *without* alcohol/drug problems, extreme shyness, numerous somatic complaints, and a tendency toward fighting/hostility in relationships have been found to have lower dropout rates in group therapy (MacNair & Corazzini, 1994). Although groups have treated a diversity of client problems successfully, inclusion criteria continue to be important. A maximum of two or three members with extensive interpersonal difficulties is recommended so as not to frustrate and impede therapeutic work of other members.

   Client appropriateness is one of the most difficult criteria to judge at a group screening or intake, and, as a result, several measures often are needed to predict group success. One measure currently under study is the Group Therapy Questionnaire (GTQ; Corazzini & MacNair, 1993), with sections measuring the following: attitudes toward group, family dynamics (including a family diagram projective), anger expression in the family of origin, drug and alcohol use, somatic complaints, prior counseling, and personal goals for group therapy. An interpersonal problem checklist derived from various DSM personality disorders is also included in the GTQ.

Conclusion

Culture-building interventions should affect speed of client change, achievement of client goals, and the group dropout rate. There are many important factors to consider when intervening to form and maintain norms and expectations for a group. Interpersonal learning must be established as a priority *early* in the group culture. Schein (1985)

provides a model of organizational leadership that may be useful for group therapy leadership in instilling a group culture that values and rewards productive behavior and therapeutic change. The model includes what leaders pay attention to, measure, and control; reactions to critical incidents and crises; deliberate role modeling, teaching, and coaching; allocation of rewards and status; and criteria for selection of members. Teaching and facilitating norms for honest communication, appropriate self-disclosure, and examining interpersonal relationships will provide a more powerful group experience.

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Using the Corrective Feedback Instrument as a Tool To Engage Group Members in Feedback Exchange

Diana Hulse-Killacky

Overview

The ability to engage in effective feedback exchange is becoming increasingly important in a wide range of group settings. Whether in counseling groups, which focus directly on interpersonal learning, or in more traditional task groups, participants are encouraged to address differences of viewpoints, conflict, and disagreement in ways that further the purpose of these groups and encourage collaborative working relationships (Conyne, 1989).

The giving and receiving of corrective feedback is difficult for many people in our culture. Yalom (1983) believes that the predisposition to avoid unpleasant experiences, such as stating different viewpoints and expressing disagreement, resides in the fact that feedback is an uncommon transaction. Even in situations where people know the steps involved and believe that receiving the feedback will help in their professional skill development, they tend to avoid it (Hulse-Killacky & Earley, 1990). In an effort to explore attitudes toward giving, receiving, and exchanging corrective feedback, the Corrective Feedback Instrument (CFI) was developed. The initial focus in the CFI's development was on the attitudes of counseling students enrolled in counselor training groups (Hulse-Killacky & Page, in press).

This digest presents a summary of the findings resulting from the development of the CFI by focusing on what was learned about the role of the group leader in facilitating feedback exchange. Future courses of action are provided that evolve from the analysis of the Leader factor.

Discussion

Following three phases of instrument development, the CFI resulted in 55 items, presented in a 5-point Likert format, and representing six factor scales. Five of the factors identified emotional barriers to corrective feedback exchange and included several diverse influences of group role and delivery format. The sixth factor, the Leader factor, comprised items related to how the leader might promote feedback exchange. Responses to the Leader factor were consistently strong and uniform across two different factor analyses with different samples of respondents.

The following discussion examines five general themes emerging from the items on the Leader factor:

1. The leader's encouragement of corrective feedback exchange seems very important. Respondents wanted the leader to value the giving and receiving of corrective feedback and to indicate support for engaging in these behaviors.
2. Member input in setting norms that support the giving and receiving of corrective feedback was another theme. Leaders need to include members in a thoughtful discussion about the kinds of conditions that need to be present in the group to make feedback exchange possible. This view is supported by Conyne (Ward, 1993) who states that part of the leader's role is to help create an environment that maximizes the functioning of the group.
3. Open and consistent modeling by the leader was seen as important to respondents in reducing their anxieties and in offering them some behavioral examples of how to give and receive feedback. Responses also suggested that leaders need to convey a comfort with hearing different views and giving feedback to members.
4. Another theme centered on making the purpose of feedback clear to group members. If the leader truly values the giving and receiving of corrective feedback and sees that this exchange is related to the purpose and functioning of the particular group, then making those points clear in the beginning will help members buy into the behaviors the leader wishes to encourage.
5. Hearing from other group members about their experiences with feedback was another theme. The chance to share feelings, reactions, and experiences tends to create a sense of

bonding and connection that may buffer the anticipated negative effects of giving and receiving corrective feedback. Leaders who encourage conversations about members' feelings and reactions to feedback, whether through formalized microlabs with specific questions to address or through group building activities (Lyman, 1993), will assist members in furthering their own understanding of their feelings and those of their fellow group members.

Recommended Course of Action

The items in the Corrective Feedback Instrument offer rich opportunities for leaders to explore members' reactions to and predispositions toward the giving and receiving of corrective feedback. Responses to the Leader factor provide clues to how leaders may best make an impact as they strive to create environments in which members not only appreciate differences, conflict, and feedback, but where they actually begin to express different viewpoints with one another. Several additional points are noted below.

Leaders are faced with a challenging situation. Giving, receiving, and exchanging feedback is complex and members' feelings and reactions vary widely. It is critical that leaders take time to get to know their members and to help the members get to know one another. There is enough evidence from the research on the CFI to support the idea of putting the issue of feedback on the table and normalizing its presence in a group. Many groups get bogged down when people feel restricted in speaking up and sharing their perceptions in an honest way.

Administering the CFI can be helpful to leaders and members in several ways. First, by filling out the instrument, members can think through their own reactions. The items often generate particular reactions and foster questions for further discussion. Frequencies for the entire group can be run on each item and then be explored. Through discussing the frequencies, members can learn how their particular responses are similar to or different from others in the group. Students in my group classes have expressed their surprise at realizing that others do not always react to the items in similar ways. That discovery alone often propels students into viewing feedback as something that should be approached with thoughtful attention and an open mind. Later in the life of a group, the CFI can be administered again to see if changes in responses occur. At both points in the group, the leader has an opportunity to revisit the topic of feedback.

Since the purpose behind developing the CFI was to provide leaders with a tool for use in their groups, it is important to re-emphasize that responses need to be thoroughly explored. Such exploration requires time. Even in groups where the focus is task oriented, using the CFI in creative ways may alleviate future problems in how members relate to one another and conduct the business of the group.

Conclusion

This paper presented research findings from the development of the Corrective Feedback Instrument and offered the reader specific lessons based on responses by counseling students to the Leader factor. Five themes were identified and recommendations shared that might help leaders create environments in which the purpose of feedback exchange is clearly presented, is encouraged through a variety of means, and is modeled by the leader. Such environments seem likely to result in members feeling more comfortable, confident, and hopeful about giving and receiving feedback, and may actually help members engage in feedback exchange with more frequency.

Future research using a diversity of group settings with diverse populations may clarify whether or not the CFI is a useful tool for a variety of groups. In addition, experimental studies can assess the effects of members taking the CFI and discussing their reactions on actual behavior in a group. Themes emerging from the Leader factor need to be further addressed in studies to determine how the leader's behavior influences feedback behavior in the group.

The ability to interact in open, honest, and productive ways with one another in group settings is increasingly important to the effective functioning of many groups. As groups come together to solve multiple problems, members will need skills to discuss similarities, differences, conflicts, disagreements, and to provide others in the group with useful feedback. The CFI offers one tool to assist leaders and members in addressing these challenging tasks.

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The Self-Concept as an Integrator of Group Process

W. Larry Osborne

Overview

The stages of group counseling and their characteristics have been described in various ways. Gladding (1994) cites Jones' (1973) stages, including dependency, conflict, cohesion and interdependency, and Tuckman's (1965) portrayal of their dynamics as "forming, norming, storming, and performing." Corey (1995) describes the stages and dynamics of group counseling as the Initial Stage (Orientation and Exploration), the Transition Stage (Dealing with Resistance), the Working Stage (Cohesion and Productivity), and the Final Stage (Consolidation and Termination). Cohn and Osborne (1992) label the stages of group counseling as Phenomenological, Analytical, and Behavioral, with the self-concept serving as the integrator of the process.

The following discussion will explain how the self-concept and its relationship to one's behavior provides a basis for understanding the stages of group counseling and gives direction and intention to the group counselor's actions (Osborne, 1982).

The Self-Concept

The self-concept is a collection of thoughts about oneself which influences behavior and how one feels in various situations. The self-concept can be conveniently conceptualized as consisting of two parts: a "Real" self-concept and an "Ideal" self-concept.

The "Real" self-concept typically consists of doubts about oneself that interfere with living comfortably in situations with other people, or what Adler (1979) referred to as feelings of inferiority. These views of oneself, or, in Adler's terms, the mistaken assumptions one has made about one's self, others, life and living, have been taught to the person by the very important people (VIPs) in her or his life, including parents, siblings, peers, teachers and other valued adults.

The "Ideal" self-concept is how one would rather be, and becomes the goal of the group counseling process. The intention of the group counselor is to move the group members from living lives influenced by doubts, or feelings of inferiority, to becoming people who think of themselves positively and who build on their strengths for more comfortable and satisfying ways of behaving.

Group Counseling Phases

The first group counseling phase in this progression is the Phenomenological stage. Here the group counselor, by exhibiting Rogers' relationship qualities—including warmth, empathy, genuineness and respect—and using Existential counseling procedures, such as open questions, restatements, links and summaries, creates a relatively safe environment in which the group members can begin to discuss what they think of themselves or their "Real" self-concepts. It is also important here for the group members to express how they presently feel and behave as a result of the doubts which typically comprise the "Real" self-concept and for the group counselor to highlight ineffective behavior, or what Adler referred to as "over-compensation" for feelings of inferiority. A good "rule of thumb" is that when at least five members of a seven-member group have fully discussed their doubts that interfere with living, it is time to move on to the next stage (Cohn & Osborne, 1992).

The second phase of group counseling is the Analytical stage. Here the group counselor's intention is to help group members identify who taught them the views they have of themselves, and what in particular led them to these conclusions. An important feature of this stage is creating "confusion" for the group members regarding their earlier conclusions about themselves, and leading them to consider the possibility of understanding differently the earlier behaviors of the VIPs. This re-evaluation of earlier mistaken assumptions that have led to a negative "Real" self-concept is important in promoting a willingness to work toward behaving in ways that better reflect one's "Ideal" self-concept.

Some counseling procedures that are useful during this stage are role-playing, analyzing influences, providing feedback, confrontation, and

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developing alternative ways of understanding past influences. Again, as stated earlier, when at least five members of a seven-member group have come to some new, more positive conclusions about themselves based upon a different way of understanding the past behaviors of VIPs, it is time for the next stage.

The Behavioral stage is the third level in the group counseling process. By now, group members have had the opportunity to discuss their "Real" self-concepts, or the doubts they have of themselves, and how their feelings and behavior have been influenced by those misgivings. They may now gain an understanding of how they arrived at those conclusions, and develop new ways of evaluating themselves based upon a reconsideration of the past behaviors of the VIPs. At this point, it is time to move toward becoming the persons the group members would like to be.

The Behavioral stage requires that group members learn how to be these "Ideal" selves. The group counselor's intention during this time is to help them decide upon and develop the behaviors that will help in this transition. This typically involves using role-playing, modeling, feedback, reinforcement procedures, shaping of behavior, and the use of homework assignments.

The final part of the group counseling process, as Cohn and Osborne (1992) suggest, involves summarization and termination, which should occur during the last three sessions of a typical fifteen-session group counseling process.

Some of what is involved here is a focus on any "unfinished business" of the group members, including concerns they have that still need attention, and feedback they would like to offer to each other or the group counselor.

This portion of the process also involves helping the group members talk about and find ways to handle any concerns they may have about termination. Group counseling entails the development of cohesion among the members, and some may need assistance at giving up these close relationships.

Finally, if group counseling is a learning experience, then it is important to help the members be clear about what they have learned, the significance of it, and how they may use this knowledge in the future. The group counselor's intention during this time is to engage the members in a discussion of what they have learned about themselves, others, living, and how to resolve difficulties. The convenient acronym for remembering what to review is SOLD.

The counselor would like the members to leave the group counseling process being "sold" on its usefulness and effectiveness, and clear about its influence on their lives. To do so, the group counselor offers positive feedback to individuals about their learning and about changes in behavior, while encouraging the other members to state their observations. Another goal of this group counseling phase is to help members think beyond the group counseling process and consider how they will continue their development by building on the learning and changes that have occurred for them.

Conclusion

Many authors have discussed the stages and characteristics of group counseling. They have focused on various aspects of a complex process, and none are completely descriptive of it. The self-concept has long been viewed in the counseling profession as an integrator of behavior. It is also a useful notion for integrating the stages of group counseling, for providing a way to understand the dynamics of the process, and for suggesting particular matters upon which the group counselor might focus.

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Group Psychotherapy and Close Friendships

Zipora Shechtman

Overview

The development of a close friendship is a developmental task, distinguishable from general successful peer relations. A close friendship which starts crystallizing in preadolescence includes the component of relational competence — the ability to handle oneself skillfully when dealing with intimacy, privacy, and trust. It is argued that group psychotherapy, due to its intimate nature, is a viable method in promoting children's intimate friendships. This digest discusses the rationale — supported by research data — for linking growth in intimate friendship with group psychotherapy.

Close Friendships

Developmental psychology has clearly established the importance of close friendship as a unique element in peer relationships, in preadolescence and thereafter (Sullivan, 1968). Thus, the formation of such friendship should be considered a developmental task, distinguishable from general successful peer relations. Although the task of forming effective peer relations has drawn the attention of some practitioners in the schools, the enhancement of a close friendship relations, at this stage of development, has been largely neglected.

The relationship with a close friend, a "chum," is characterized by affection, self-disclosure, acceptance, mutual admiration, loyalty, and honest feedback. The formation of close friendships is rooted in children's primary relations with significant caregivers, and closely associated with a sense of trust. To maintain a close friendship, the child needs to develop certain patterns of communication based on mutual trust. The mutuality and intimacy in the friendship is increasingly affirmed through talking together and expressing personal thoughts and feelings, as well as through sharing personal secrets.

Unfortunately, a considerable proportion of children fail to successfully accomplish the developmental task of establishing intimate friendships. Unsuccessful past or present relationships make them either hostile and resistant to intimacy, or else hopelessly dependent and sensitive. Thus, they become either shy and withdrawn, or aggressive and impulsive children. This has further detrimental effects on their self-esteem, their general well-being, and even on their academic achievements. The effects can be far-reaching and are only just beginning to be fully realized (Duck, 1991).

Group Psychotherapy and Friendship

Group psychotherapy, which addresses the basic concepts and beliefs underlying the child's sense of detachment appears to be a viable method for developing intimacy in a friendship. According to Yalom (1985), there are several critical mechanisms of change in group work that permits the individual's growth. These mechanisms—in particular group cohesiveness, catharsis, interpersonal learning, altruism, and a corrective family experience—are the core of the group experience, and they, indeed, are closely linked to relational competence. This type of intervention is characterized by a social climate of cohesiveness and belonging, which helps children to learn to trust themselves and others. It fosters feelings of acceptance, caring, loving, and understanding; norms of strong self-expressiveness and self-disclosure; and the provision of constructive feedback. Consequently, the relations between group members tend to be open, warm, accepting and loving, elements akin to those that create a close friendship. Thus, it is likely that positive relations experienced within the group can be transferred to an intimate dyadic relationship.

Observational data from a children's therapy group, pointed to a sequential order in which relational competence actually developed (Shechtman, Vurembrand & Malajek, 1993). Highly disclosing or altruistic group members shared feelings and private information early in the group's life, providing others with a sense of cohesiveness and trust. This behavior evoked a need in others to respond emotionally by either sharing private information out of identification, or by responding

with affection and warmth triggered by the intimacy of the disclosed information, or by simply imitating other's behavior. Consequently, trust increased and a clear norm of self-expressiveness was established, encouraged through modeling and explicit reinforcement by the group leader. Strong expressions of feelings emerged, and processes of introspective analysis occurred, encouraged by the therapeutic confrontation and interpretation used by the leader and some group members.

Supportive Research on Children's Friendships in Group Therapy

A series of empirical studies have been conducted to investigate the impact of group therapy on children's friendships.

The *intervention* was conducted in Israel, in one school setting, as an extra-curricular activity, by the school counselor, graduate students, and was supervised by the author. Group work was based on 45-minute weekly sessions and lasted 20-26 sessions (about an academic year). All the groups met in the counseling center of the school and were led by the school counselor, with a different pair of graduate students for each group. The groups were usually same-gender and same-age groups. Although practitioners often recommend activity therapy for children (Riester & Kraft, 1986) others advocate the verbal modality (Gazda, 1989). In the intervention under review, we combined the verbal and the activity modalities. We used bibliotherapy, art-therapy, role-plays, guided fantasies, and therapeutic games to enhance verbal expressiveness. Despite the extensive use of structured games and activities, these children's group processes actually resembled the processes in adult groups. At the initial phase of getting acquainted, more structure was used to break the ice and build a language for expressed feelings. The groups then went through a transition stage in which the value of the group was questioned, suspicion was raised, and anxiety was evidenced. At the working stage children brought up feelings, problems, and conflicts, either initiated by their own needs, or provoked by an activity. Sessions would at times focus on a "target person" or a "target topic." At any event, self-expressiveness, sharing, and feedback provision was constantly encouraged.

The *Population* Children were referred to the groups due to a variety of emotional, social, behavioral, and family disturbances. For our studies we identified, via classroom sociometrics and teacher evaluations, socially isolated, lonely, and/or rejected children. About half were described as withdrawn, and the others as aggressive and maladjusted. Many were noted as having poor self-esteem, and depressive moods (see Shechtman, 1993).

The series of studies was performed during four consequential years, and included a total of 200 boys and girls. The Hebrew version of the Sharabany intimacy scale, children's form (Sharabany, 1994) was used to test growth in intimate friendship. This self-report scale measures the level of closeness achieved between two subjects in terms of openness, warmth, affection, trust, and self-disclosure.

A pre-post experimental and control design was employed for all the studies. Results consistently indicated significant growth in a close friendship for children who participated in group therapy. In one of the studies the growth in intimacy in a dyadic relationship was associated with the growth in group intimacy, thus providing support to the link between the two, as suggested in this paper. We also found growth in self-esteem and in social status.

Recommended Course of Action

Group interventions have been considered a particularly effective mode for social training. These interventions, however, have mostly taken the form of short term treatments focusing on social skills training. Yet, close relations are a central core in a person's life and require a profound impact to bring about their change. Actually, experiencing close relationships may be one way to challenge children's friendships. In the therapy group the multiple therapeutic relationship further intensifies such growth.

Conclusion

The research findings, along with accumulated clinical experience, lead to the conclusion that group therapy of an interactional type is effective in enhancing children's close friendships. A close friend is a major source of support and extremely needed in early adolescence. This is the developmental stage in which such need first emerges. Children with social inefficacy are often caught in a vicious circle of isolation, which appears to have a detrimental effect on future relationships. Thus, intervention in the initial stage of such development may prevent future deteriorating effects. Duck (1991) argues that we leave some of the most important and far-reaching lessons (namely friendship) irresponsibly to chance alone, where they can twist a personality for life. Group psychotherapy should be practiced more in the school and not used as a skills-training experience, but rather as an interpersonal growth experience.

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Groupware

Richard L. Hayes, Richard T. Watson, Robert P. Bostrom

Overview

The growing emphasis on team work in flatter organizations, an exploding knowledge base, and an expanding global consciousness have prompted an increase in the incidence of meetings. Run effectively, meetings can build trust among organizational members, eliminate waste due to duplication of services, promote creativity, and increase collaboration leading to the realization of a shared vision (Knupfer & McLellan, 1993). Run poorly, meetings can waste as much as 240 hours per year for each participant (Johansen, 1993). In addition, they can inhibit individual spontaneity, provide a platform for politicizing issues, and undermine individual initiative. What is needed is a means for handling the large amounts of information necessary to make any complex decision, while also providing a time-efficient method of building concensus and a shared group vision.

Groupware Technology

Since the mid 1980s, there has been an increasing interest in the use of computer technology to facilitate group work (Knupfer & McLellan, 1993; Lockwood, Lavery, & Lachal, 1993). Widespread access to networked computer systems is being used to advance the use of participative work groups. This interplay has prompted the development of computer-assisted, group work systems—groupware.

Johansen (1993) argued that the successful application of groupware requires a socio-technical perspective, which represents a key structural shift from thinking of users as individuals to thinking of them as collaborative teams. The driving force behind groupware is an acute need to improve team effectiveness in order to enhance overall organizational competitiveness. Groupware has demonstrated some dramatic changes, showing an average saving of 91% in the use of meeting time (Johansen, 1993). Importantly, the development of groupware appears to be in response to identified problems rather than a search for useful applications. As Johansen (1993) put the case: "Technology matters in the groupware success equation, but people and team dynamics matter much more. The most important aspect of groupware focuses on the 'group' more than the 'ware'" (p. 2).

The term groupware covers a wide range of software. Some groupware products are based on a single facilitator driven workstation (e.g., Resolver). Others are founded on workstations for everyone (e.g., GroupSystems and Lotus Notes). Defined very broadly by the market, groupware describes electronic mail systems, workflow and activity management systems, keypad voting systems, computer support for group decision-making, and many other manifestations of the ways in which people work in groups. Perhaps that is the key to a definition—groupware is some form of computer support for something a group does.

Types of Groupware Products

Despite the widespread interest, there is no clear consensus on the products nor the services that constitute groupware. Some order is provided by Lockwood, Lavery, and Lachal's (1993) grouping of four major categories:

1. *Messaging groupware* — information sharing products supporting structured access to and use of resources within a messaging environment (e.g.,BeyondMail);
2. *Workflow products* — coordination tools supporting work within defined business processes using forms, workflow, and other business process automation tools (e.g., Action Workflow);
3. *Collaboration products* — applications designed to support specific work group activities (e.g., meeting support: GroupSystems; group scheduling: Schedule+);
4. *Groupware suites* — intended to integrate sets of groupware functionally (e.g., Lotus Notes, Team Office). The latter two categories — Collaboration and Groupware suites — are of greatest interest to group

workers because their effectiveness depends on the relatively high involvement of a group facilitator.

Advantages

Compared with manual procedures, computer-supported meetings have several advantages. Groupware offers the ability to manage large groups and yet generate useful ideas and gain group commitment for complex plans. It also permits the organization and nurturing of teams. Using networked computers for data entry, groupware permits individuals widely differing in status to participate equally in a process where status may bear little relation to knowledge and expertise. As a result, ideas tend to be evaluated independently of the person contributing the idea, leading to greater objectivity.

Because information can be entered simultaneously from terminals, gathering data for discussion is more time efficient. It becomes possible to use a large and diverse group to obtain the wide range of perspectives necessary for tackling complex social problems. Groupware supports the early identification of different perspectives that may affect the future success of the group's plan. Through voting on a large number of ideas, a smaller set of key issues can be identified. At the meeting's conclusion, participants can leave with a printed copy of the implementation plan. Finally, computer storage of information related to performance outcomes permits ongoing process evaluation and supports systematic feedback. Between face-to-face meetings, groupware supports ongoing interaction. Isolated members can stay in touch using networks or through linkages with other groupware products such as Lotus Notes.

Potential Disadvantages

Despite these many advantages, manual procedures can sometimes be more effective. Because members have varying degrees of experience and comfort with computing, there is an inherent danger that participants may operate in isolation. Monitors that can be seen by others, silent tracking of others' input, commitment to one's own ideas, and the difficult process of reducing long lists of ideas to manageable categories can undermine efforts at true collaboration. As Alyce and Jonathan Miller (1992) remind us, "the intent should be to encourage people to interact with each other, nurturing relationships, fostering constructive conflict, building the energy of the group, and encouraging deep analysis. If used appropriately, the technology can facilitate the accomplishment of these goals" (pp. 2-3).

Facilitator Behaviors

Groupware enhances facilitation by freeing the facilitator from information gathering and manipulation. Instead, the role of the facilitator is to establish the environmental conditions for effective group work (Schwarz, 1994).

In their research to identify the critical role dimensions of the groupware facilitator, Clawson and Bostrom (1993) identified 16 critical role dimensions along with over 1,444 related facilitation behaviors. In addition to those behaviors that are customary to facilitating effective meetings (e.g., listens, clarifies, and integrates; manages conflict; creates an open environment group; promotes ownership and responsibility), three dimensions were identified as uniquely technology-related, addressing behaviors that seemed necessary to facilitate computer-supported meetings: A. appropriately selects and prepares technology, B. creates comfort with and promotes understanding of the technology and technology outputs, and C. understands technology and its capabilities. Nonetheless, facilitators viewed technology issues as secondary. Instead, experienced facilitators perceived "planning and designing" meetings as one of their most crucial functions.

Recommended Course of Action

In the future, facilitating diverse and complex human interactions will be one of the most essential skills for leading and contributing to organizational performance. Despite the great interest in more effective meetings, a central challenge, with or without computer support, is the training and development of leaders who facilitate diverse, collaborative teams. Groupware can be a vehicle for enhancing group interaction, provided that organizations also realize that they need to enhance their leader's facilitation skills. Thus, organizations need to develop and implement plans to upgrade and extend the facilitation skills of group leaders.

Conclusion

The use of groupware promises to help meeting goers realize their potential for effectivley responding to organizational demands for greater collaboration.

Because groupware permits the use of larger groups without loss of productivity, implementation of new ideas is faster. Because groupware allows more people to be involved in decision making, it can help in aligning organizations around a shared vision. Since implementers are also involved in the decision making, implementation problems can be anticipated and avoided.

Groupware is an agent for change. It can empower members with information, enable autonomous work groups to be more egalitarian and collaborative, and enable organizational structures to be broken down. By permitting meetings that cut across organizational, geographic, and temporal boundaries and by offering anonymity of inputs into meetings, groupware capitalizes on diversity while not suppressing differences.

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Handling Special Situations in Groups

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1996 CG-96-67

Group Work with Clients Experiencing Grief

Gary E. Price

Overview

This digest is a product of leading grief groups involving college students, faculty, and university employees over a four-year period. Focus areas examined here include the selection of individuals for the group, ethical issues, and stages of development.

Setting Up the Grief Group

Individuals were identified through advertisements in the university newspaper; the ads featured a brief statement and some examples of the nature of grief. Grieving was defined as any significant loss that a person had experienced, including death, loss of job, rape, terminal illness, divorce, or breakup of a relationship. Individuals covering the spectrum of age, gender, and ethnicity responded and were asked to come for a pre-group interview. The primary intent was for group members to understand that grief, regardless of origin, is a process rather than an event. This explanation tends to elicit greater levels of intra-psychic patience in those who are grieving (Duck, 1982).

Each potential group member was screened individually and provided with a description of the group. It was explained that the group was process-oriented. Information about the grieving process was provided. In the pre-group screening those whose depth of grief required individual counseling were not considered appropriate for group therapy. Entering individual or group therapy was a mutual decision. The group met for two hours, once a week, for 16 weeks, or the length of the semester. At that time, the group would terminate. Some individuals wanted to continue in a newly constituted group starting the next semester. The group was lead by mixed gender co-facilitators. They provided mutual support for each other, modeling for group members, and served as a check for each other in their perceptions of the group dynamics. A semi-closed format was utilized, which allowed new members into the group only during the first two or three weeks after the group started. The general format for the group sessions was process oriented, with some psycho-educational components. The earlier stages were more process oriented.

Stages of the Grief Group

The Initial Stage

According to Corey (1990), the initial stage of any group involves developing trusting relationships within the group, finding one's identity in the group, and defining one's individual goals and expectations for the group experience.

During the first stage of the grieving and loss group, members established relationships with each other and with the co-facilitators. This stage was characterized by the establishment of trust and cohesion. Shared grief facilitated intense bonding. The group established cohesion quickly because of a strong need by individuals to talk and share. Yalom's (1975) concept of universality was evident in this stage.

During the first session of the group, a technique labeled by Otto (1968) as "depth unfoldment" was used. Depth unfoldment refers to the personal experiences that co-facilitators and group members shared about their own grieving and loss.

Transition Stage

The transition stage is characterized as a stage of conflict, resistance, and defensiveness (Corey, 1990). During this stage, the group members "tested the waters" to see if the group was a safe place to share their true selves. Accordingly, group members took on more flexible roles. At times, they acted as help seekers and as helpers. This flexibility enhanced members' self-esteem, helped make the group more responsible, and facilitated members' attributing change to themselves (Corey, 1990). Also, during this stage, group members were more likely to offer suggestions and helpful advice to their fellow members.

Although group members initially relied on the co-facilitators for assistance and direction, they began to reach out to each other and to establish their own

agendas during this stage. The group co-facilitators were responsible for challenging group members' defensiveness and resistance. This sometimes occurred when group members intellectualized their losses as a way to avoid the emotional experience of grief. Also, group members were confronted who constantly provided advice or told stories as a way to avoid grieving. The transition stage of the group usually was not as difficult as general psychotherapeutic groups. During the transition stage, the major issue for group members was to get beyond their initial stories of loss and to personal issues surrounding their loss and how they felt. Much anxiety was evident when members attempted to share at a deeper level. The group members wanted to be accepted but questioned how vulnerable they could be. This conflict characterized the transition stage. Co-facilitators had to work toward ensuring that group members respected one another for their own style of grief work.

The Working Stage

Corey (1990) describes the working stage of counseling groups as a time of cohesion and productivity. The goal of this stage was for individual members to take effective action in bringing about desired behavioral change.

At the working stage the responsibility for group process shifted from the leaders to the members. Clients realized that they were responsible for their own change. The content was increasingly determined by the group members.

As members of our groups assumed greater responsibility for the group, the leaders' responsibilities and functions turned more to facilitating cohesion by pointing out the similarities between members, encouraging self-exploration, providing support to members who were taking risks, and emphasizing the significance of putting insight into action. One of the issues dealt with in this stage was sub-grouping. Sub-groups were not a problem as long as the group members were open with the group about the process and the nature of their relationship. Members were able to provide support in ways outside the group that the individuals found very helpful. It was important that sub-groups did not develop in a way that kept them from being able to function effectively in the group.

The Integration Stage

Corey (1990) suggests that the final stage of a group is characterized by integrating what individuals learned as a result of being in a group and transferring those learning experiences to the outside world. It is a time when group participants and leaders must recognize and deal with their feelings of termination. Additionally, in this final stage, it is important for members and leaders to give and receive feedback and to allot time for group members to bring up unfinished business.

Perhaps, within Corey's description of the final phase, one of the paramount tasks of a grieving and loss group is to help participants articulate their emotional reaction to the end of their support group. It seemed that group members had a bittersweet awareness that another, albeit milder, loss was introduced into their lives. Given the opportunities for universality, altruism, and role flexibility, new, powerful bonds were created in the midst of mourning old relationships. It was important in this final stage for leaders to create a structure by which members could address resulting emotions. One technique used was to have members and leaders join hands and share with each other what they appreciated about each individual and to offer feedback regarding how they believed each group member developed personally. Leaders pointed out that the grieving process was not likely over, nor should it be, simply because the group had reached its formally scheduled ending point.

At the last session of the group, a general group feedback form was used to elicit comments about how members experienced the group process. Other kinds of feedback received were written notes to the group leaders, or an individual visit with one of the co-facilitators of the group. In general, the group was a powerful therapeutic process.

Conclusion

This paper attempted to blend general information about leading groups with specific practices for leading groups with clients experiencing grief. Theoretical constructs were related to the grieving and loss groups according to the stages of group development and issues relevant at each stage. The issues discussed included group member issues, leader issues, and sub-grouping.

The grieving and loss groups offered a safe place to process death and relationship endings which otherwise may have been prohibited. They helped members experience grief as a process rather than as an event. They provided a place to recognize the complexity of grief, and they connected grieving tasks, including the exploration of possible negative aspects of the relationship being grieved.

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Handling Hostile Behavior in Group Counseling

Mark J. Miller

Overview

I have taught a master's level group processes class for approximately fifteen years. It never fails that the most consistent fear expressed by my beginning counselors in this class is how to deal with a group member who engages in hostile behavior. Thus, the purposes of this digest are to discuss the dynamics behind hostile behavior and to provide some ideas on how to handle hostility should it occur within the group counseling setting.

Hostility As Resistance: A Discussion

First, the issue of client hostility can be perceived as a form of client resistance. And while resistance is a natural and necessary aspect of being a healthy person, it can also be unhealthy. In counseling, hostility may occur when clients use their defense systems in ways that are unhealthy; that is, clients may become evasive, argumentative, resentful, contemptuous, sarcastic, or hostile (Peterson & Nisenholz, 1987). Examining the issue of client resistance is essential to counselors for at least two reasons (Otani, 1989). First, client resistance is nearly unavoidable in counseling. And although resistance may vary in intensity and frequency, it *will* occur and thus an understanding of it is a prerequisite in knowing how to handle it. Second, research suggests that proper management of client resistance is essential in attaining desired counseling outcomes (Ellis, 1985).

Hostile Behaviors: A Discussion

Hostile members display a type of resistance that is difficult to handle because very few avenues of approach are open to the group for making personal contact and gaining trust and confidence (Trotzer, 1977). Hostile members are particularly troublesome in the group because their behaviors are inconsistent to the group leader's goal of maintaining a positive working environment.

Hostility is often the result of being hurt, disappointed, or abandoned by someone whose love and acceptance were needed. Thus, detection of hostility is as much an emotional process as it is a behavioral one. In addition, hostile clients often generate reactions of fear, edginess, tension, and anxiety within group members, who may either avoid or placate the hostile member (Trotzer, 1977). Anyone who has experienced a group member display hostility realizes fully the extreme complexity and variability of this type of behavior. For example, hostility could be manifested in the form of a member subtly suggesting how a leader could have done things differently. On the other hand, hostility can take the form of directly attacking the leader or a specific group member. In addition, missing group sessions, coming late, acting bored and detached, being overly polite, acting in a passive-aggressive way, displaying disruptive gestures, sitting in a slouched position, making caustic remarks and jokes, and using other hit-and-run maneuvers could all be expressions of hostility (Corey & Corey, 1992).

Indeed, hostile behaviors are often times expressed indirectly, sometimes through sarcasm. For example, a group member may state, "I sure wish I were an expert on everything like you, Nancy." The member is probably indirectly saying that Nancy thinks she is a know-it-all. This member is not facing her hostility towards Nancy, and Nancy probably feels somewhat insulted by her. This type of indirect hostility can adversely affect group trust and thus must be dealt with by the leader.

Handling Hostility: Recommended Course of Action

A number of authors suggest some general guidelines to consider when dealing with a hostile group member. One general message for the leader coping with a hostile member is to "remain cool"; counselors should model self-disclosure for the group, expressing here and now thoughts and feelings honestly. The experience of being heard is quite helpful in breaking down hostility and building up trust. Responding to hostile members with honest, firm, and caring statements is essential (Gladding, 1991). Acceptance, patience, and a willingness to stay

with the hostile member, albeit difficult, is also helpful. Again, the leader's ability to be honest, sensitive, and timely are critical. For example, the following counselor response to a hostile group member may be therapeutic: "Jon, wait a minute! I sense some anger or hostility coming from you. Help me understand what's really going on inside you. What's behind those feelings?"

Clearly, hostile group members require infinite patience tempered with firmness and caring. Reflection and understanding are the best methods of approach (Trotzer, 1977). Unfortunately, a common danger is to quickly sum up difficult behaviors by labeling (i.e., "band-aider," "hostile"). By labeling, leaders encourage scapegoating, which only entrenches and solidifies these members' styles by motivating them to retreat defensively into the identity given them (Corey & Corey, 1992). Thus, avoid saying "You are difficult," or "You are a hostile group member," and say instead, "I am having difficulty with you, especially when you respond the way you just did." Indeed, leaders should point out specifically how and why they are being affected the way they are. For example, rather than saying, "You are a hostile member, and you're having a negative impact on this group," the leader might say: "Let me stop you, Bo. That was a pretty strong statement you just made, and I think it bothered Tom. Try to say it again using different words."

Conclusion

Finally, it would be a good idea to remember two notions about hostile group members: 1. that they are usually engaging in this behavior to protect themselves from something (i.e., hostility is often a type of defense mechanism), and 2. that they are often, by their behavior, attempting to control the leader or the group.

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Group as a Whole Dynamics and the "Problem" Member

William B. Kline

Conceptualization and Intervention

Discussions of problematic group members and relevant intervention strategies continue to surface in group literature (e.g., Kline, 1990; Kottler, 1994; & Yalom, 1985). In general, the literature in this area has described the behaviors of these individuals as problematic for effective group functioning. Perhaps as an artifact from individual counseling theory, discussions of "problem" members often imply that the primary responsibility for the effects of these behaviors on groups belongs to these individuals.

Traditional (i.e., Stock, Whitman, & Lieberman, 1958) and contemporary (i.e., Gemmill, 1989; MacKenzie, 1990) interpretations of group psychotherapy theory have addressed problem members from a perspective that emphasizes dynamics present in the group as a whole. This perspective offers group counselors a perspective that encourages work not only with "problem" members but with issues shared by the entire group.

Selected literature from systems, focal conflict, and psychodynamic theories will be presented with the goal of encouraging group counselors to experiment with potentially very productive group-level conceptualizations and interventions. General guidelines for practice will be offered.

Selected Systems Concepts

MacKenzie (1990) presents an overview of general systems theory from a group psychotherapy perspective. The concepts of boundary functioning, homeostasis, and isomorphy are especially relevant to the development of group-level interventions and understanding the group's response to "problem" members.

Concepts pertinent to interpersonal boundary functioning (i.e., opening, closing, and impermeability) explain the interactions of group members. These boundary characteristics define appropriate interpersonal exchanges within groups — the rules for interaction. When boundaries are closed or relatively impermeable, groups are acting to maintain homeostasis. The effect is to preserve rules of interaction that are relatively safe and abate anxiety that could be produced by risking new and untested interpersonal behaviors.

Members who do not "play by the rules" create dilemmas for groups because they challenge homeostasis. Accordingly, groups react to "encourage" these members to cohere to the "rules." The strength of these reactions measure the extent to which rules are being broken and the rigidity of group boundaries. These reactions are also a barometer for the extent to which the intrapersonal issues shared by other members are being confronted. When, for example, groups have very definite rules precluding anger, angry members will be encouraged or coerced to not be angry (i.e., "Don't be angry. Be a good group member."). These interactions present group counselors with vital information about group boundaries and rules of interaction, an opportunity to open interpersonal boundaries, facilitate group development, and to investigate shared issues.

In addition, group counselors should regard issues surfacing in groups as isomorphic. In terms of the current example, these group members probably have difficulty with anger in their interpersonal relationships in social and familial settings as well as in the group. Thus, if group counselors explore what members are responding to in their interactions with "problem" members and not the "problem" members' behaviors, they are potentially working on universal relationship issues for all the members. This work opens interpersonal boundaries and allows groups to develop greater levels of intimacy and potential for change.

Concepts and Application of Focal Conflict Theory

Stock, Whitman, and Lieberman (1958) utilize focal conflict theory to conceptualize "deviant" members. This approach offers useful ideas for conceptualizing group dynamics and intervention for group counselors. In this context, "deviant" members are those members whose behavior deviates from group norms. This creates a conflict for the group

which involves a disturbing motive (i.e., a wish or desire), a reactive motive (i.e., fear or guilt), and a solution (i.e., a way to resolve the conflict). For example, a group's conflict can involve a desire to do significant personal work opposed by fears of being rejected. In order to deal with the anxiety created by this conflict, a group will strive to develop a "safe" resolution. Lamentably, this resolution will usually involve guilt about not doing what is necessary to make productive change (i.e., being inadequate or incompetent).

In terms of focal conflict theory, group process is an ongoing sequence of conflicts (e.g., safety versus self-disclosure) and solutions. The goal is to arrive at solutions that alleviate anxiety (e.g., keep conversation superficial).

These solutions work, as long as members cooperate. When a member (i.e., the "deviant") does not cooperate (e.g., shares intimate personal information) a solutional conflict arises. Members react forcefully to attempt to force the "deviant/problem" member to conform to the solution.

Group counselors should note that a typical part of this process involves group members attempting to convince group counselors to take sides with the majority to censure or punish "deviant/problem" members. If group counselors are aware of this dynamic, they are in a position to deal with the conflict the group is attempting to avoid. Instead of condemning or correcting "deviant/problem" members, group leaders are advised to define and explore conflicts and the relevant fears of each member.

Selected Psychodynamic Conceptualizations

A relevant discussion of psychodynamic concepts pertinent to "problem" members and group-level intervention is presented in Gemmill's (1989) conceptualization of the dynamics of scapegoating. Gemmill presents two theoretical propositions.

1. Group members will "attack and blame one particular member ... in order to ... distance themselves from unacceptable emotions, impulses, wishes, and attributes through projecting them onto a scapegoat, thereby allowing them to avoid responsibility ... for these issues" (p. 416)
2. Developing an understanding of this process allows members to communicate more effectively, experience self and others more accurately, and increase potential for therapeutic gains.

As group counselors observe members identifying a scapegoat (Note: A scapegoat may be identified for each difficult group issue;), they are advised to consider several factors. First, that this is how groups frequently work with shared issues too anxiety provoking to deal with directly. Secondly, a group reaction and response to a "problem" member represents a shared concern. In these instances, group counselors need to define what the group is attempting to avoid.

Guidelines for Practice

The following guidelines can be the basis for moving from fixing attention on a "problem" member to the conceptualization of key group issues and the development of group-level interventions. It should be mentioned that these dynamics do occur in work and psychoeducational groups. In these situations, consider these ideas as a means to more fully understand group functioning and a means to develop less intrusive group-level interventions. Group counselors conducting counseling or therapy groups are encouraged to experiment more freely with these suggestions.

1. Consider how the "problematic behaviors" of group members enact the issues of the whole group. A useful approach involves conceptualizing the "problem" member as doing work for the entire group. Considering interventions that explore the questions "What work is this member doing for the entire group?" and "What issues create group reactions?" are recommended.
2. Regard continued challenging of "problem" member behavior as evidence of a conflict regarding solutions about the safest way to participate. Help the group define and explore the conflict and the fear (Refer to Focal Conflict Theory).
3. Consider group reactions to "problem" members as projections of issues shared by the entire group. It is usually productive to convert group complaints about "problem" members into work involving the entire membership. For example, work with the entire membership regarding their fears about intimacy and being involved in conflict as opposed to looking at the "problem" member's resistance to involvement.
4. Consider systems implications. Rigid and impermeable boundaries regarding the discussion of emotions expresses a need to sustain homeostasis and hesitancy to change.

This maintains safety. This process is evident when the "problem" member freely expresses emotion. In effect, the group response is, "Let's do what we can to stay safe."

5. In terms of group development, these dynamics occur at any phase of development where change is involved. Negotiating deeper levels of intimacy stimulates conflict and shifts the boundaries of the group system. Issues described in systems, focal conflict, and psychodynamic theories offer useful conceptualizations of these dynamics. Interventions based on these conceptualizations are relevant and powerful.

Conclusion

The use of alternative group process conceptualizations can enrich group counselors' understanding of group events and broaden their array of potential interventions. When applied to work with "problem" members, potential for involving the entire group in productive exploration and discussion is greatly enhanced. The presence of "problem" members is a golden opportunity to facilitate group development and move the group to greater levels of intimacy and heightened functioning.

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Group Interventions for Ex-Cultists and Their Families

Richard W. Foss

Overview

Helping professionals have generally used the term "cult" to describe organizations that insist upon excessive devotion to some person, object, or ideal. Cults tend to separate from the world around them, react defensively to criticism, and conceal their activities and objectives. They seek to control the thinking of their members, imposing on them a uniform set of beliefs, values, and practices. As a byproduct of repetitive indoctrination and rituals, many cult members experience altered states of consciousness.

Early research on cults tended to focus on the psychological motivations and struggles of individual cult members. In contrast, much current literature has taken a systems approach, seeking to understand cults as whole entities. From an organizational systems perspective, Galanter (1989) has asked how the practices of individual members meet the needs of the cult organization. Galanter detected three main psychological forces at work in cults: extreme group cohesiveness, a system of shared beliefs, and altered consciousness. These forces transformed recruits into converts, monitored potential threats, and kept negative feedback from creating dissension. From a family systems perspective, Sirkin (1991) has noted that cults suppress member autonomy while promising freedom from family structure.

Although current members of cults are often inaccessible to helping professionals, ex-cultists often seek counseling. Some counselors have found that ex-member support groups and family therapy are useful adjuncts to counseling with individual ex-members.

Support Groups for Ex-Cultists

Goldberg and Goldberg (1982) and Goldberg (1993) described their long experience leading a monthly support group for "deprogrammed" cult members. In this setting, ex-cultists learned that they were not alone in experiencing manipulation and altered states of consciousness. During group discussions, the Goldbergs intervened only to clarify difficult issues or halt digression into irrelevant subject matter (Goldberg, 1993).

For those who had made a clean break with a cult, Goldberg and Goldberg (1982) identified three stages of recovery from cult mind control. During Initial Post-Deprogramming, lasting from six to eight weeks, former cultists often exhibited childlike passivity in speech and thought. Often members feared returning to a dissociative, trance-like state they called "floating," produced by repeated chanting, singing, or indoctrination. The leaders helped members overcome this fear by focusing them on concrete, present realities. Many ex-cultists also carried extreme guilt, fear of judgment, self-doubt, loneliness, and a sense of loss. The leaders helped them see their feelings as a normal byproduct of leaving a cult, not evidence of personal failure.

One or two months after leaving the cult, support group members began to recover self-confidence. The Goldbergs helped group members understand that there were both good and bad aspects to their cult experiences. Some members began to reestablish communication with family members or explored job possibilities. During this Reemergence stage, which lasted up to two years, the support group functioned as a sounding board and source of encouragement.

The final stage of recovery—Integration—began when the member was no longer focused on processing the cult experience. At this point, involvement with the support group terminated.

Therapy for Families

Halperin (1983) and Markowitz (1983) provided guidelines for helping families understand cult involvement[, thus allowing family members to] begin to process their feelings about it. Halperin (1983) reported on a self-help support group for parents of cult members. The group leader focused discussion on feelings in the here-and-now issues rather than on there-then matters. The open atmosphere allowed some parents to discover their ambivalence about their children returning home,

which they feared would severely stress the family. Markowitz (1983) suggested [that] the helping professional might also take a didactic role during this early stage of therapy, instructing parents in healthy communication styles.

After they leave the cult, [ex-]cult members can attend counseling sessions together with their families. Sirkin (1991) observed that counseling ex-cultists with their families requires understanding and respect on both sides. Markowitz (1983) maintained that the family counselor should not allow arguments about cult ideology, [so as to leave] room for sharing experiences and feelings instead. "Ultimately, our stance must be pro-client rather than anti-cult, and our goal the encouragement of individual free choice unencumbered by disinformation or psychopathology" (Sirkin, 1991, p. 117).

Since the perspectives of all family members are important, each should be assessed and treated if possible. Sirkin (1991) has taken a developmental approach to assessment, utilizing both individual and family life cycle models. Sirkin has found that young people often join cults during early adulthood (ages 17-22) when their families are launching their children. Conversion to a cult often entails complete rejection of the family, [which leads to] an inadequate resolution of the adolescent developmental task of achieving independence. Sirkin (1991) also found [present] a high incidence of psychological difficulties, emotional inexpressiveness, covert criticism, and predisposition to seek religious solutions in families of cult members. Markowitz (1983) [discovered] that families of cult members are often enmeshed, rigid, and had age-inappropriate expectations of family members. Families of ex-cultists may be tempted to return to familiar yet inappropriate control and communication patterns. Family therapy helps families learn new developmental tasks. The counselor must directly confront inappropriate patterns while helping ex-cultists express their feelings and receive feedback—essentials of healthy family life.

Recommendations

A counselor seeking to help ex-cultists should consider not only intrapsychic needs but also the organizational and family systems in which ex-cultists have participated. A support group for persons who have experienced and rejected cult life can serve as a safe yet challenging setting for processing cult experiences. Fellow ex-cultists can confront regressive or dishonest behaviors in their peers while maintaining unconditional acceptance. In this setting, the counselor may simply lay ground rules, encourage self-awareness, and promote healthy decision making.

When family therapy is appropriate, a counselor should train parents and siblings before including the ex-cultist. Initial sessions may be []educational or [they may serve as] an opportunity for parents to process feelings about their child's cult involvement. In later sessions with both ex-cultist and family, the counselor may address the dysfunctions which may have triggered cult involvement, including inappropriate parental expectations. All members play an important role in helping the ex-cultist readjust to family life.

Conclusion

Involvement in cults exposes members to forces which suppress autonomy of thought and action and thwart individual and family developmental tasks. Support groups can help ex-cultists unlearn childish or dissociative behaviors, recover self-esteem, express their feelings about the cult experience, and transition into adult behavior patterns. Family therapy can help parents and siblings understand how one child became involved in a cult, prepare them to communicate with the ex-cultist, and foster greater maturity for all. Group and family therapy do not supplant individual counseling, but rather augment it.

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Americans with Disabilities in Group Work

Beverly M. Brown

Overview

In order to discuss group work for people with disabilities, small groups must be seen as representations of society. In society, legislation is the tool used to shape norms. The Americans with Disabilities Act of 1990 (ADA) recognized 43 million Americans with disabilities and their lack of full participation in society due to attitudinal and physical barriers. The ADA defines disability as anyone with a physical or mental impairment who is substantially limited in one or more major life activities; has a record of such impairment; or is regarded as having such an impairment. This distinction is important because discrimination can occur due to perceptions of disability when a person is not substantially limited in any major life activities. The same issue can be addressed in group work. Are people with physical disabilities excluded because they are regarded as having a disability or because of limitations in essential tasks of the group? While reference is made to Americans here, the ADA and the following comments refer to the United States. Also, this digest focuses on physical disabilities (both visible and invisible), rather than mental disabilities, due to a lag in group work for people with physical disabilities.

Legislation and Group Work

Evolution of group work for people with disabilities has been influenced by federal legislation. Prior to legislation, education and services were available primarily to wealthy families. Some people spent their lives in institutions regardless of their ability to learn. Society supported norms of exclusion and few people with disabilities were fortunate to receive services.

Early legislation supported development of rehabilitation services and special education. While specialists emerged for various types of disabilities, little attention was given to psychosocial development or the potential of group work. Also, during this period, few counseling programs offered training in group work.

Legislation addressing rehabilitation and education in the early 1970s is often referred to as the beginning of civil rights protection for people with disabilities. Legislation curtailed segregation of children with disabilities and required education in the least restrictive environment. "Inclusion" recognized the place of children with disabilities among all children. Increasing numbers of people with disabilities graduated from high school and college, but barriers still prevented inclusion in work environments.

Group Work Today

The discussion which follows considers group work with people with disabilities in relation to types of groups, accommodation, and counselor training. Recommendations are then given for future directions in group work.

Homogeneous groups

Homogeneous groups are where all members have the same disability. They typically focus on the disability and explore ways members can help themselves. Sometimes, members also learn how to cope with an unjust society. Outcome research has demonstrated effectiveness of homogeneous groups with nearly every type of physical disability. Research analyzing group processes has been less frequent. However, literature recognizes the power of hope, universality, imitation, altruism, imparting information, development of socializing techniques, and other therapeutic factors identified by Yalom (1995). Common goals of homogeneous groups include: A. acceptance of the disability; B. gaining information about the disability and strategies to compensate; C. development of social skills to compensate for processing limitations and isolation in society; and D. recovery from depression or low self-esteem due to isolation, rejection, and introjection of devaluing from society.

Heterogeneous groups

Heterogeneous groups have members with

physical disabilities, as well as members without physical limitations. They typically focus on a common theme or work product, rather than on the disability. While inclusion of group members with physical disabilities is increasing, outcome and process research is sparse. An exception is inclusion in classrooms where small gains in learning are reported when compared to "self-contained" classrooms. Emerging research recommends understanding each person, rather than making assumptions about exclusion due to a disability. Considerations include: A. degree of impairment, cause, and age of onset; B. level of acceptance of disability; C. developmental level or maladaptive coping strategies due to isolation or dependency compared to other members; and D. characteristics of communication and whether or not accommodation is feasible. As with all members, individuals need to focus on the group purpose, establish ways to communicate, and be compatible in cognitive functioning based on the task. The ADA addresses discrimination in employment by requiring identification of essential task functions, with or without accommodation. Essential role functions, with or without accommodation, are also applicable to group work.

Access and accommodation

The ADA requires accessible and appropriate services for people with physical disabilities in private as well as public services, and equal opportunity for employment (Bruyere & O'Keefe, 1994). In addition to access, environmental factors are considered. Group members should be able to choose where they wish to sit. Having a member with a visual limitation or one who uses a wheel chair sit closest to the door for convenience is not appropriate. Other environmental factors may include noise from exhaust systems or traffic that prevents a member with hearing limitations from using their residual hearing. Lighting may be a factor for members who are visually limited or who depend on lip reading. Typically, a group member can assist in determining environmental factors for accommodation (Brown, 1995).

Business and industry have shown a willingness to comply with the ADA, as demonstrated by hiring employees based on essential job functions. Human resource and organizational development specialists knowledgeable in the ADA, accommodation, and group dynamics are becoming available. However, as with earlier civil rights legislation, increasing litigation is also changing norms and enforcing the ADA.

Training of group workers

Many counselors have been trained in working with people with disabilities in homogeneous groups. Training issues receiving the least attention are: A. leadership of heterogeneous groups when one member has a physical disability, and B. training of group workers who themselves have a physical disability. While rehabilitation counseling programs have made great progress in training counselors with physical disabilities, other counselor programs have minimally addressed equal opportunity for people with physical disabilities. Consider the few counselors with hearing or visual limitations trained as school or mental health counselors. The number of group counselors with physical disabilities will likely increase as counseling programs examine the validity of admission procedures and related assumptions.

Recommendations

Support for the regulations and spirit of the ADA and the movement of people with disabilities into the "mainstreets" of society is consistent with inherent democratic processes in group work. The following recommendations are made for the future of group work:

1. Identify essential job functions, with and without accommodation, for the purpose of training counselors and group workers.
2. Assessment for admission to counseling programs and group training should not require an ability which penalizes a person with a disability, unless the ability is directly related to essential functions of the counselor.
3. Heterogeneous groups should be considered when people with disabilities have the same goal as those without disabilities.
4. Career group counselors need to understand the ADA and legal rights of group members.
5. Group workers need to be trained in leadership of heterogeneous groups as well as homogeneous groups.
6. Research in group work needs to address the processes of inclusion and accommodation in all types of groups.

Conclusion

With support of legislation, services for people with physical disabilities have increased, including group work. A remedial focus has changed to include developmental and preventive group work, such as social skills training. Research supports the effectiveness of many theme-focused groups where members are homogeneous in type of disability.

Research on heterogeneous groups where one member has a disability has been minimal. People with physical disabilities are primarily receiving rehabilitation counseling preparation.

The late 1990s will be a time of change with increased participation by people with disabilities. Norms in all types of groups are changing as evidenced by passage of the ADA.

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Multicultural Group Counseling

Michael D'Andrea and Judy Daniels

Overview

Group counseling is increasingly being viewed as a preferred mode of service delivery among professional counselors and other mental health-care providers. Rising interest in the use of group counseling is largely rooted in its recognized efficacy to serve greater numbers of persons in a cost efficient manner, in comparison to individual counseling services.

The heightened interest in group counseling is well-timed as the number of persons in need of mental health services is predicted to increase well into the 21st century. In addition to being called upon to serve larger numbers of persons in the future, counselors can also expect that their clients will increasingly come from a diverse range of cultural, ethnic, and racial populations (Atkinson, Morten, & Sue, 1993).

The Rise of the Multicultural Counseling Movement

The rapid cultural transformation of our contemporary society has been accompanied by an organized effort within the counseling profession which has commonly been referred to as the "multicultural counseling movement" (Pedersen, 1991). Proponents of this movement have directed a number of criticisms towards the profession that can be categorized into two broad categories. First, leaders in the multicultural movement have argued that professional counselors have been (and often continue to be) insensitive to the unique needs of persons from different cultural backgrounds in general and non-white persons in particular. Second, proponents of multiculturalism indicate further that many traditional counseling approaches and interventions are often ineffective at best and sometimes even harmful when utilized among persons from diverse cultural, ethnic, and racial populations.

Recognizing the validity of these criticisms, the profession has slowly made changes to address some of these acknowledged problems. As a result, most counselor education programs now include a required course in multicultural counseling as a part of their core curriculum. Another change is reflected in a modification made in the ethical standards outlined by the Association for Specialists in Group Work (ASGW, 1989) which explicitly states that "group counselors should be aware of their own values and assumptions and how these apply in a multicultural context."

While these changes represent positive steps in the process of enhancing the general effectiveness and ethical integrity of the counseling profession, they are obviously not enough. Practitioners need to gain an in-depth understanding of the challenges they face when working with culturally-diverse clients and develop a host of counseling competencies which will enhance their effectiveness in serving these individuals (D'Andrea, 1995).

Over the past two decades numerous experts have discussed various counseling approaches practitioners can use when working with culturally-diverse persons in one-to-one counseling settings (Atkinson, Morten, & Sue, 1993). However, very little has been written about the types of concerns practitioners should be sensitive to when providing group counseling services for clients from diverse backgrounds. To increase counselors' understanding and sensitivity in this area, the following discussion was specifically designed to provide an overview of several important issues related to multicultural group counseling.

Defining Multicultural Group Counseling

The term "multicultural group counseling" refers to those counseling settings in which the members or leader differ in terms of their cultural, ethnic, or racial backgrounds. Multicultural group counseling is similar to other group counseling situations in that:

1. it can be directed towards preventive as well as remedial aims
2. it is an interpersonal process that usually focuses on the members' conscious thoughts, feelings, and behaviors

3. it is often problem oriented and generally has a specific focus (which may include but is not limited to career, educational, social, or personal concerns)
4. the content of multicultural counseling groups is typically determined by the group members (Corey, 1995)

The primary distinction and challenge of multicultural group counseling relates to the different world views, values, and interpersonal styles that need to be managed within the context of the group process. These culturally-based differences require group leaders to utilize a variety of competencies which reflect sensitivity for the unique psychological perspectives of individuals from diverse backgrounds.

Although not specifically designed for group counselors, a number of multicultural counseling competencies have been discussed by experts in the field (Sue, Arredondo, & McDavis, 1992). These competencies are categorized in three major areas and reflect minimum standards which all practitioners are encouraged to master when providing counseling services to culturally-diverse client populations. The following section briefly describes these three competency areas as they relate to the practice of multicultural group counseling.

Multicultural Group Counseling Awareness, Knowledge, and Skills

Multicultural Group Counseling Awareness

Developing this competence involves three tasks. First, it requires group counselors to examine their own assumptions, biases, and feelings concerning diverse cultural-racial groups. Second, group counselors should consider the ways in which these assumptions/biases/feelings might affect their interactions with group members who come from diverse backgrounds. Third, group leaders need to be aware of the ways in which the group members' assumptions, biases, and feelings about culturally-different persons may influence the group process.

Multicultural Group Counseling Knowledge

This competence requires the group leader to become knowledgeable of the traditions, life styles, coping strategies, and primary sources of social support which characterize the lives of the culturally-diverse persons with whom they work. This particular competency is also strongly linked to the "minority identity development models" which are discussed in the counseling literature (Atkinson, Morten, & Sue, 1993, pp. 27-36).

It is also important that group counselors not only understand the various ways in which racism, stereotyping, prejudice, and discrimination are manifested in society in general, but specifically how they might emerge in multicultural group counseling settings as well.

Multicultural Group Counseling Skills

Several experts have noted that, while persons from some cultural groups (e.g., Asian Americans and Latinos/Latinas) often prefer more directive and structured counseling interventions, others may be more comfortable in non-structured, non-directive situations (Atkinson, Morten, & Sue, 1993). Recognizing these different preferences, counselors must be flexible and comfortable using a broad range of counseling approaches when working in groups comprised of persons from diverse backgrounds.

Conclusion

In light of the rapid diversification of the United States, it is important that discussions about multicultural group counseling issues continue and be expanded. Research is also urgently needed to test the types of theoretical ideas that have been presented in this article. Only by continuing discussion and conducting more research in this area will the promise of multicultural group counseling be realized in the future.

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Teamwork

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Group Development and Total Quality Management Teams

Chuck Kormanski

Overview

All teams are groups, but all groups are not teams. Groups become teams when four conditions are met. Teams are characterized by shared goals, commitment to those goals, an interdependent working relationship, and accountability to a higher organizational level (Reilly & Jones, 1974). Total Quality Management (TQM) teams select a specific process to improve (shared goal); involve team members, the leader, the facilitator, and a sponsor in that process (commitment to the goal); use an interactive problem solving model (interdependent working relationship); and measure progress toward the goal using basic statistical methods (accountability). Teams are an essential component of the TQM process.

W. Edwards Deming placed the team in the center of the continuous quality improvement process which focuses upon meeting customer needs (Walton, 1990). Everyone must understand and use team methods. Training for both team leaders and team members is critical and quality is paramount.

Team and Group Dynamics

Recent observations of TQM teams reveal team development patterns consistent with group development theories summarized by Kormanski (1988). Tuckman and Jensen (1977) describe a five-part model popular with both educators and practitioners, which includes the stages of forming, storming, norming, performing, and adjourning. Although the model is presented in stage sequence, teams work on all elements of all stages to some extent and sequential movement is both forward (developmental) and backward (regressive).

Forming

During the forming stage of a TQM team, there is an orientation to the model being used, identification of customers, and analysis of customer needs. The team leader and team facilitator also work to resolve dependency issues through team-building activities. The overall emphasis is one of awareness. The stage concludes when team members understand and are committed to the goal of continuous quality improvement (commitment) and relate to each other in a friendly, concerned, and professional manner (acceptance).

Storming

Conflict is the general theme of the storming stage. Defining and measuring a process to improve provides an early opportunity for different perspectives and alternatives to emerge. Task resistance and relationship hostility are common. These behaviors and attitudes will not always be loud and obvious; resistance and hostility may appear as silence, missed meetings, reduced focus, or stubbornness. The second stage ends when team members acknowledge and confront conflict openly (clarification) and listen with understanding to others (belonging).

Norming

By the beginning of the norming stage, the process for continuous improvement has been selected, stated in measurable terms, and measured prior to any attempt to improve it. The general theme of cooperation appears as open communication increases concerning the task and team relationships become more cohesive. Teams explore the process more thoroughly using a variety of quality tools (i.e. Pareto charts, fish bone diagrams, flow charts, etc.) in order to gain a deeper understanding before developing solutions. Frequently teams will encounter additional conflicts during this stage and regress to storming behavior which must then be resolved for movement into the norming stage again. The norming stage concludes when team members include others in the decision-making process (involvement) and recognize and respect individual differences (support).

Performing

In the performing stage, the team works interdependently and engages in problem solving. The productivity theme involves the development of a solution and a plan of implementation which includes a measurement of progress toward the goal of improving a process. This stage ends when team members contribute ideas and solutions to the problem (achievement) and value the contributions and ideas of others (pride).

Adjourning

The final stage, adjourning, brings the team to closure and results in a theme of separation. The team terminates the task of process improvement and disengages from the relationships formed during the life of the group. Celebration and summarization, as well as some publicity concerning task accomplishment, are common activities during this time. This stage and the TQM team concludes when team members recognize and reward team performance (recognition) and encourage and appreciate comments about team efforts (satisfaction).

Variations and Intervention Style

Observations of TQM teams provide team leaders and facilitators with some possible variations that may occur during the group development stages. Attention to these possibilities will signal appropriate opportunities for leader or facilitator interventions. Hersey and Blanchard's (1982) situational leadership theory suggests four intervention styles which involve low to high task behavior and low to high relationship behavior.

During the forming stage, structure is critical. Too much structure can result in a narrow focus with limited perspectives. Too little structure slows progress and allows for wandering away from the task. A high task, low relationship leadership style delivers the necessary structure by providing goals, standards, instruction, and getting acquainted experiences.

Conflict is natural and to be expected during the storming stage. Too much conflict creates chaos and too little conflict encourages apathy. Both are detrimental to team development. Using a high task, high relationship leadership style focuses attention on both the goal and team members. This high energy style encourages active listening, assertiveness, and clarification of the goal. In addition, attention is given to being adaptable, flexible, and creative while providing encouragement and support.

The norming stage offers increased sharing of the leadership functions and a more participative role for team members. A powerful strategy for leaders and facilitators to provide the team at this time is helpful member involvement. Being unhelpful, however, can reduce the support needed and cause confusion. Being over helpful recreates the dependency that was present during the forming stage and encourages regression. A low task, high relationship leadership style increases team member participation while continuing the encouragement and support used during the previous stage.

The selecting and implementing of solutions during the performing stage relies heavily on the concepts underlying achievement motivation which McClelland (1961) defines as the ability to set challenging, but realistic goals. The team must take moderate risks and be willing to accept modest failures. Radical risk taking can destroy months of productive work when developing solutions. On the other hand, a conservative approach may result in little, if any, actual improvement when compared to what was possible. A low task, low relationship style by the leader and facilitator increases the opportunity for team ownership of the solution and resulting accomplishments. Key behaviors involve keeping communication channels open and rewarding project accomplishment.

The adjourning stage creates a slight crisis and some resulting regressive behaviors which makes this stage similar to the norming stage (Kormanski, 1988). Esteem needs are very high. Bringing closure is critical. Unfinished business or attempts to initiate additional work for the team are often used to avoid bringing a successful experience to closure. A low task, high relationship leadership style offers a supportive climate which encourages team members to conclude the team experience. Ceremonies and related rituals often provide a framework to accomplish this ending.

Conclusion

Increasing numbers of organizations view quality as the job of everyone in the system. Training in TQM and building teams for continuous quality improvement is occurring at all levels. Understanding group process and its application to total quality management will contribute to team success. Matching leadership styles with group development stages is suggested as a strategy to

facilitate team development and goal accomplishment. Team leader and facilitator interventions at appropriate times will provide for an effective structure, positive conflict, helpful support, challenging risks, and meaningful closure.

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Note

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Factors Influencing the Development and Quality of Cooperative Teamwork in Groups

Donald E. Ward

Overview

Recognition of the importance of cooperative activity and its value for enhancing goal achievement has increased dramatically in the United States during the past decade. This is especially evident in the renewed emphasis upon group activity in schools, businesses, athletics, and a variety of settings. If this increased use of groups is to meet the high expectations of its advocates, those leading and working with groups must have an understanding of factors which affect the extent to which the development of effective cooperative teamwork is possible with different groups (Conyne et al., 1992).

In order for teamwork to develop, members must have the opportunity and desire to explore and establish relationships and interactive methods to meet goals and accomplish tasks as a unit. The conditions governing the likelihood and desirability of attempting to develop and use a cooperative, team-oriented approach may be summarized in six major variables.

The Factors

Leadership Style

Group workers' attitude toward whoever is responsible for what occurs in the group, directly affects the group and the extent to which a cooperative team will develop. In Lewin's (1944) classic model, one leadership extreme representing total leader responsibility for group process and outcome is an authoritarian style. The other extreme, in which there is no overall responsibility for group process or outcome, is laissez-faire leadership.

The democratic leadership style, representing the middle range of the continuum between the two extreme styles, is most likely to facilitate the development of the group into a cooperative team. The reason is that democratic leaders share responsibility for process and outcome with group members. They allow and encourage the type and amount of genuine member-member interaction necessary to develop norms of cohesiveness and collaboration critical to cooperative team responsibility for group activity and goal achievement.

Member Maturity and Motivation

Democratic leadership is important, but it is not the only factor affecting cooperative team development. In fact, authoritarian or laissez-faire leadership styles may be appropriate in some situations. The relative psychosocial maturity level of group members is a second major variable affecting the extent to which teamwork can develop. If members do not have the necessary knowledge and skills to work together to contribute to the group outcome, then sophisticated cooperative teamwork is unlikely to develop. In such cases, leaders must depend more upon their own efforts and individual work by members.

On the other hand, when members are capable of sharing responsibility for group outcome, a democratic leadership style is appropriate. Through member-member interaction, specialized membership roles can develop leading to a very powerful cooperative team capable of high levels of goal accomplishment, often far surpassing the combined efforts of members and leaders working separately (Bales, 1950; Benne & Sheats, 1948). It is also important that members are motivated to accomplish the task facing the group, because without motivation, even members capable of cooperation may not care enough to use these skills.

Group Task or Purpose Characteristics

The type of task facing the group significantly affects the likelihood and appropriateness of cooperative team development. If the task is not sufficiently important to motivate members, it is unlikely that they will put forth the effort to learn

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to work together to achieve group goals. Some tasks lend themselves to cooperative work more than others. For instance, it is much more effective to have one expert driver transport nine people in a large van than to attempt to have one person steer, one person brake, one person shift gears, and so forth. Cooperative teamwork should be pursued when goal accomplishment will be enhanced by the efforts necessary to build the team.

Membership Stability and Group Size

Membership stability affects the development of cooperative work toward group goals. Only when membership is at least somewhat closed and the same members are in regular attendance is it possible for the members to learn to share responsibility for group outcome. Irregular attendance or membership that changes inhibits sophisticated team development.

Group size affects the development of coordinated team activity. The number of members must lend itself to the task at hand. There must be at least enough members to perform the required coordinated tasks and fill the roles necessary in the division of labor characteristic of cooperative teamwork. Too many members may inhibit team development. Appropriate size varies with the nature of the group purpose and goals.

Time Availability

Enough time must be available so that members can develop teamwork norms sufficient to reach the level of cooperative interdependent activity necessary to achieve the group's goals. There is no absolute time criterion for all groups, because in properly planned and conducted groups, the group adjusts its level and rate of development to the depth and intensity requirements of the task.

A group that begins with or decides upon time limits for its existence is more likely to adjust its work and expectations to the time available. It is crucial that group goals match the time available. A group with a relatively simple, straightforward purpose may be able to develop sufficient teamwork to complete its business in the amount of time an intensive therapy group needs for just the initial aspects of team-building, such as finding commonality, building trust, and avoiding rejection.

Organizational, Institutional, Cultural, and Societal Expectations

It is sometimes important to look outside the group for influences which facilitate or inhibit the development of cooperative teamwork. Organizations may not wish to encourage strong subgroups to develop within the organization nor allow the regular meeting time with the same members necessary for full team development. In some settings it is nearly impossible to assemble a group that can meet at the same time with the characteristics necessary to build a sophisticated team to maximize the accomplishment of group goals. Use of other modalities, more authoritarian leadership, or less ambitious goals may be more practical.

In other settings, expectations and support for team-building activities and cooperative learning or productivity may be strong. Sometimes, however, those in authority may need to be convinced of the appropriateness, value, and efficiency of the development and application of cooperative teamwork to increase productivity. Cultures and countries may differ radically in the kinds of groups and teamwork that are sanctioned and supported in counseling, education, business, and other settings.

Conclusion

Recognition of the potential advantages of cooperative activity has resulted in increased attention and support for group work in a variety of settings in recent years. In order for group work to meet these high expectations, a set of principles to guide the differential application of group methods to various types of members with different purposes in a variety of settings must be identified.

First, a democratic approach to leadership, in which members are encouraged to learn to work together and share responsibility for group outcome, enhances productivity. This is most appropriate with members who are mature enough and motivated enough on a task that lends itself to cooperative teamwork to divide labor and operate as a collaborative unit to achieve group goals. The size of the group and time available with stable membership must be sufficient to develop coordinated work patterns to achieve high levels of group outcome. Finally, organizational, institutional, cultural, and societal influences external to the group itself must be supportive of the appropriateness and effort needed to develop cooperative teamwork.

If the conditions are not sufficient to support team-building and cooperative effort, then more appropriate methods may include individual efforts, authoritarian leadership, or less ambitious goals. When supportive conditions exist, high levels of productivity can be realized by the development and application of cooperative teamwork in groups.

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Training and Education within Groups and of Group Specialists

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A Cultural Diversity Curriculum for Training Group Specialists

Mary Finn Maples

Overview

Researchers at the Center for Demographic Statistics (1995), in an extrapolation of the 1990 Census, predicted that the population of the United States will be one third non-Caucasian by the year 2000. Group workers must attend to the counseling and development needs of these Black Americans, Hispanic Americans, Asian Americans and Native Americans. In 1987, the Human Rights Committee of the American Counseling Association (then called the American Association for Counseling and Development) made seven recommendations in its position paper on cultural diversity. Two of those recommendations are directed at group workers. They are: Encouraging professional counselor education preparation programs to require their students in training to develop competencies designed to expand and improve service delivery to underserved group members. In addition, encourage continuing education programs to provide comparable training for practitioners (Parker, Wilson, & Ibrahim, 1987).

Discussion

The counseling profession has responded to these mandates by the Human Rights Committee in a variety of programs and publications. The *Journal for Specialists in Group Work* devoted an entire issue (November, 1992) to the topic of training group counselors in different cultural settings. One of the most informative articles in that journal dealt with a variety of issues related to effective training programs (Greeley, Garcia, Kessler, & Gilchrest, 1992). The authors encouraged group trainers to consider several training topics, which included the assessment of racial identity; increasing counselors' information about cultures; teaching students to be action oriented; teaching students about leader's role as an authority; the importance of accurate interpretations; the appropriateness of eclectic interventions; and aiding in the process of acculturation. These authors further encouraged the importance of incorporating multicultural competence into course goals rather than adding multicultural information to already established group training curricula. Identifying and planning *specific* training programs for cultural diversity cannot be overemphasized. The "patchwork" approach not only is ineffective, but can be offensive to representatives of various culturally diverse students or participants.

Specific Program Descriptions

Pedersen (1994) highlights the three stages of multicultural development that should be underscored in any training program. They include: awareness, knowledge, and skill. Using Pedersen's work as a model, Maples (1994) developed a group training program for state judicial educators. These professionals have the responsibility of providing training programs for judges (from municipal to state supreme courts) in a variety of pertinent continuing legal education topics. During a three-day period, these trainers dealt with designing curricula for groups of judges in the awareness (module one) knowledge (module two) and skill (module three) areas by using their own values and attitudes as a foundation for their work in the courtroom with culturally diverse persons. An outline of the specific objectives for each module follows:

General Goal:

To conduct a three day learning and doing experience that will provide trainers with data, strategies and techniques that will assist them in designing effective diversity curricula.

Specific Objectives:

Module One: Awareness/attitudinal

As a result of completion of program tasks and assignments, participants will:

1. Examine and articulate attitudes and values toward their own and other cultures.
2. Acknowledge the importance of values and attitudes in developing diversity curricula.
3. Appreciate the often subtle impact of their

own cultural attitudes and values on their training participants.

Module Two: Knowledge/Cognitive

As a result of completion of program tasks, participants will:

1. Understand the principles of adult learning as applied to diversity curriculum.
2. Learn strategies for delivery of diversity curriculum.
3. Know the stages of multicultural development.

Module Three: Skill/Behavioral

As a result of completion of program tasks and assignments, participants will:

1. Accurately assess the learning needs of persons attending diversity training programs.
2. Apply in a brief manner, sample curricula to utilize in their own training designs.
3. Plan and demonstrate a 15 minute diversity program to the participants of this workshop.
4. Develop skill to plan, implement and evaluate curricula content for judiciary personnel in family, juvenile, and criminal court settings. (Maples, 1994)

Another example of an effective training program for group workers was conducted by Santiago (1992). Her program was a staff development cultural awareness approach. She recommended three intensive sessions of two hours each which emphasized A. the definition of culture, B. nonverbal communication, and C. the influence of culture in language development and social integration. Each of the two hour workshop sessions was followed by three weekly one hour meetings during which the workshop participants shared experiences, concerns, and creative ideas as they explored potential skill development that could result from newly acquired awareness levels. Evaluation for this program was a pre- and post-test instrument assessing both knowledge gained and the effective application of skill development. According to Santiago, this evaluation resulted in mastery of cultural awareness by the staff who were trained in the program.

Barriers to Effective Training

Insufficient Time

The amount of attention given to the need for effective cultural diversity training has increased exponentially due to the presence of culturally diverse persons in the work place, in organizations, and in institutions. However, in the same fashion as the caution listed above to using "patchwork" designs, those responsible for providing training must also commit to a sufficient amount of time necessary to assure programming quality. In many counselor education programs, staff development areas and human resource workshops, too little time is devoted to this important curriculum. The optimum would be a minimum of a full semester of training in group counseling with culturally diverse populations, in addition to an infusion of awareness in each individual and group course. In many institutions, this is the case. However, in the majority of group training programs, cultural diversity training is given only minimal attention, usually only the amount necessary to meet federal guidelines.

Ineffective Trainers

One of the major problems encountered in training programs for group workers is incompetence or ineffectiveness of the trainer. A major error made by many organizations has been the hiring of group trainers whose major qualification is that they represent one of the ethnic minority cultures. This is an extension of the tokenism experienced by many culturally diverse persons, who are hired as a result of affirmative action guidelines. It is crucial that trainers be adequately prepared as teachers and instructors, and be knowledgeable and skilled in both the generalities and the specifics of cultural diversity group training. An awareness and understanding of the complex issues in cultural diversity, including the recognition that a person who is a member of one minority culture does not represent all minorities, is a fundamental baseline for trainers. The ability to convey such awareness and understanding is a critical consideration in the training of group workers.

Conclusion

In his handbook for developing multicultural awareness, Pedersen (1994) offers the "rules" of multiculturalism which should serve as guiding principles for all persons who develop cultural diversity training as a teaching specialty. They include an awareness that A. there are similarities and differences among most cultures; B. that culture is complex, not simple; C. that culture is dynamic, not static; D. that multiculturalism is inclusive and broadly defined; and E. that culture cannot be ignored. Using these guidelines in designing diversity curricula for group workers can help training programs. Finally, devoting sufficient time

and resources and securing knowledgeable and skilled trainers should result in a guarantee of effectiveness and an increase in awareness, knowledge, and skill in cultural diversity programs.

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The Multiple T: A Procedure for Teaching Group Counseling Skills

Allan Dye

Overview

In the early 1970s there was tremendous interest in group work, particularly sensitivity training, human relations training, and encounter. During the introductory course in group work, master's degree students in counseling and student affairs programs at Purdue University participated in what was alternately referred to as a "growth" group, "process" group, or "personal development" group. Each group of six to ten students was conducted by student co-leaders, usually, but not always, doctoral students with prior group leadership experience, who were supervised by the course instructor. These groups usually met ten times, two hours per session, within a period of one semester. Group members were also required to read one of the currently popular texts and a sampling of periodical literature. For many students, this brief (approximately 20 hours) experience as a group member, accompanied by an even more brief didactic component, constituted their entire preparation for conducting group work. Upon graduation, they were admonished to go forth and conduct group work in school, college, and agency settings—with the caution that the kind of group therapy they had conducted would probably not be appropriate in most settings!

Collectively, several doctoral students and I had participated in a broad variety of group activities, had attended training workshops and conferences, and had read most of the literature devoted to group theory and technique. We came to realize that our current teaching methods were desperately slow and available to only a fraction of the total student population. Moreover, no attempt had been made to collect and organize our accumulated knowledge of methods and techniques. In the spring of 1977 we held a one-day brainstorming session to devise a process by which we could provide explicit instruction to all students in the use of specific techniques; that is, we intended to invent a group counseling techniques laboratory course. We did not succeed on such a grand scale, but in exchanging our ideas about teaching and learning group methods we discovered that simulating common incidents would be the key ingredient in any laboratory training system. The Multiple T procedure, revised, is the legacy of that experiment in devising a training technology.

Sequence of Activities

The Multiple T (training) is a simulation procedure for training group counselors and therapists. It can be adapted easily to any training situation in which participants can learn from one another by describing common dilemmas, identifying alternative strategies, simulating an incident, giving and receiving feedback, retrial, and evaluation. The steps in the full procedure (certain steps can be omitted, as circumstances permit) are as follows:

1. Participants identify incidents they have encountered or expect to encounter in practice.
2. One or more incidents are chosen for simulation and practice.
3. Alternative strategies for each incident are described.
4. Strategies and techniques are discussed and compared in terms of such questions as these: In relation to both total group and individual member considerations, what is it that you wish to happen? Why use this particular method? Under what circumstances is this technique advisable vs. inadvisable? What should I watch for? Is there any risk?
5. Small groups of six to ten participants are formed, either randomly or on the basis of professional specialties, practice settings, and the like.
6. A simulation experience is chosen, either as described by one of the participants, taken from a text, or supplied by the trainer. Roles are assigned to no more than three or four members because practice periods are brief and do not permit everyone's taking part.
7. A time schedule for the training practice

round is determined, allowing for practice, feedback, and evaluation. As a rule, the practice session portion should last only 10 or 15 minutes. This amount of time allows the "leader" to acquire a small amount of practice and demonstrate skill in responding.

8. Following the practice session, each "member" in the simulation group provides a statement of *personal reaction* to the leader during the simulation, e.g., "I was kind of nervous when we started because I've never actually been in the kind of group we're simulating, but when you spoke so calmly with that little smile on your face, I started to relax," or, "I was supposed to come across as pissed about being here, but when you didn't back down from my yelling I started to wonder what you might be thinking about me." After all have made a personal statement, positive reactions to the leader's performance may be given. Experience demonstrates clearly that negative or critical comments should not be made until the training group has been together long enough to address conflict without losing focus on the training objectives. More often than not, negative feedback has a toxic, misdirecting effect on the experience and detracts rather than adding to the outcome. Feedback and evaluation should be limited to 15 minutes, during which the "leader" is instructed to listen without speaking, neither defending or explaining. The leader is encouraged to thank each member for their comments, then assimilate the meanings silently.

Guidelines for Using the Multiple T

The procedure has been developed to create practice opportunities — doing, rather than discussing relationships among the participants or engaging in methodological rhetoric. Practice rounds should be relatively brief, 30-40 minutes; time limits should be agreed upon in advance and should be observed faithfully as a way of foreclosing the temptation to engage in circular explanations.

The procedure typically produces large amounts of observations, ideas, feelings, new strategies and, occasionally, interpersonal conflict. Participants should be reminded at the beginning that the focus of activity will be upon strategy selection, practice, and feedback. All concerned should be aware that many conversations won't be finished, that not all reactions will be aired, and that resolution of any conflict that may arise in a simulation may have to be deferred until later. That is, the objective is to acquire laboratory practice in the use of methods, not to precipitate interpersonal encounter. The value of the Multiple T procedure derives from repeated practice and feedback, permitting each student to learn from their own experiences and from observing colleagues.

Conclusion

The Multiple T procedure affords several advantages as a method for teaching group counseling methods and techniques.

The procedure:

- relies upon the individual and collective experience of all participants;
- takes advantage of participants' knowledge, experience and skill;
- allows each participant to work on nearly any kind of situation that might occur in group counseling;
- pools all participants' initial knowledge of strategies and usually produces new, more effective ones;
- provides for/requires active participation; those who lack experience or who are personally reticent take an equal part in all phases of the procedure;
- enables practice with innovative as well as traditional strategies;
- allows for the mastery of "simple" techniques and safe try-out of advanced or complex methods (although creating simulations may be more time-consuming);
- can be used with a wide variety of incidents, dilemmas, and situations;
- allows the instructor/trainer to serve as either a presenter and teacher or merely a coordinator of the laboratory procedure.

Relatively little attention has been devoted in group work literature to descriptions of training methods and systems. One notable exception to this statement is represented by Pearson's detailed presentation of a similar approach to training using simulation as the central activity (1985). More recently, Tollerud, Holling, and Dustin (1992) present a comprehensive model for teaching the pre-group interview. Now that core and specialty training standards have been defined by the Association for Specialists in Group Work (1990), it may be time to

promote awareness of *specific training methods* relative to both core and group work specializations.

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Applications of a Model for Group Leader Instruction

Rex Stockton, Kelly A. McDonnell, Felito Aldarondo

Overview

The program of group leader instruction presented in this digest is based on a model developed at Indiana University (Stockton, 1991). Stockton (1991) presented a model that provided a framework for teaching trainees about group leadership and the application of interventions. It is important for leaders to understand what is taking place in the group and what they can do to respond to members' needs at various stages of the group. As such, the process of group leadership was broken down into three activities: perceiving, selecting, and risking. We will briefly present aspects of the model, followed by a discussion of how the model and its supportive features are incorporated into a group leadership course. Because not every program is able to incorporate such a course, it is important to emphasize that the various components may be adapted for existing courses, such as a pre-practicum, theories, practicum, and/or an introductory group course.

Perceiving, Selecting, and Risking in Groups

Beginning group leaders need to perceive what is going on in the group. Perceiving skills are supported by a broad range of knowledge about groups gained through reading text books and other instructional materials. This information is combined with clinical experiences which broaden a leader's perspective. Much can be learned by observing other group leaders (both beginners and experts) in action, by having the opportunity to participate as a group member, and by actually leading a group. Beginning leaders gain a greater knowledge base from continued practice and from supervisory feedback which features encouragement, self-reflection, and ideas for improvement.

It is possible to accurately perceive a situation and still implement ineffective strategies. Therefore, group leaders need to be able to mentally generate a set of responses to what is occurring in the group, and then select the most appropriate intervention from among that collection. It is important to reinforce that there is not necessarily one right intervention; rather, there are a variety of choices that might be relevant for the circumstances. This process of selecting from among a set of appropriate interventions is strengthened through clinical practice, thoughtful reflection, and feedback from supervisors.

Experience has shown that novice group leaders can, through didactic and vicarious experiences, develop abilities to conceptualize the overall group process, select appropriate interventions, and consider potential outcomes. However, beginners can be hindered from making appropriate interventions because of performance anxiety and feelings of inefficacy. Thus, it is important to develop approaches that lower anxiety and enable the novice to take risks.

The Stockton Model of Teaching Group Leadership

Consistent with the model, the advanced group leadership practicum at Indiana University combines didactic instruction with experiential training. Because the class is small and taught in a seminar fashion, it takes on some of the properties of a group. However, this condition is not forced by the instructor. Yet, an atmosphere evolves in which students are able to experience some of the feelings of beginning group members and use it as a metaphor for what they will do as leaders. The emphasis is on self as leader, rather than on self as client.

In the first six weeks of the semester, trainees view commercially produced group leader training video tapes in class and then discuss them in conjunction with outside readings from texts and journals. Students compose short papers on leadership related topics (e.g. stages of group development, therapeutic factors, ethics). They also develop a personal theory of group leadership paper at the outset of the course which is then revised at the end of the semester. These various methods of instruction work together to help

the trainee begin to understand how a group functions and what a leader may do to facilitate member interactions.

As is illustrated with the Stockton (1991) model, students engage in a process of perceiving what is going on and in making appropriate interventions. Through role-play exercises, leaders practice skills they will later use in an actual group situation. As trainees observe other leaders in action, particularly their peers, and engage in practice, feelings of self-efficacy are likely to rise. Because the anxiety of beginning group leaders can be overwhelming, it is beneficial for them to have the chance to voice their fears and concerns about performing as a group leader. In doing so, students begin to become desensitized to their fears about what will happen in the group and their uncertainties about being effective leaders. In the process of discussing the group process from a safe place in the company of peers, students come to understand universality at both an experiential and a cognitive level.

An important component of these activities is the opportunity for group leaders to make sense of their experiences through discussions with supervisors and peers as well as in individual reflection. Werstlein (1994) extols the value of supervision of leaders in a group where growth is facilitated by the interactions occurring between individuals. "By viewing and being viewed, actively giving and receiving feedback, [supervisees'] opportunities for experimental learning are expanded..." (Werstlein, 1994, p. 25). As a supplement to in-class discussions, student leaders meet individually with their supervisor for an extended session just before the groups begin. This meeting provides students with an opportunity to focus on their strengths and to establish personal goals for leadership.

At the sixth week of the semester, leaders begin facilitating a two-hour, ten-week counseling group. This experiential component is supported by one hour of supervision immediately following each session, and three hours of supervision, weekly, as a class. Conducted by a supervisor who views the group from behind a two-way mirror, the post-group supervision session provides for immediate feedback and allows the leaders to process what they have just experienced. Timely supervision enables them to write session summaries that are sent to group members before the next meeting. These summaries serve not only as a processing technique for leaders, but also facilitate the group by providing feedback to members.

In the time between group sessions and the class meetings, co-leader pairs meet to review their video taped session. Students then present excerpts during the class meeting and receive additional feedback from other leaders and the instructor. A distinct benefit of this design is the vicarious learning that takes place as leaders view peers' tapes and discuss shared experiences. Leaders also develop plans for future sessions and decide on specific interventions they want to implement. In this way, trainees are able to consider alternative choices and make decisions, not on the spur of the moment, but with time to practice and weigh the options of their choices.

With continued practice, reflection, and feedback from peers and supervisors, leaders gain confidence to make appropriate interventions. Ideally, supervisors provide positive feedback first and then constructive feedback, and include a discussion of opportunities when an appropriate intervention could have been made. Focusing on things that a leader can do to facilitate the group moving forward involves considering alternative courses of action without dwelling on past performances. Supervisors play a key role in encouraging leaders to use the insights they gain during supervision which they can apply to the group.

As we have described it, the course is a labor-intensive process, involving more work than one instructor can do alone. Therefore, students who have taken the course, are given the opportunity to serve as mentor/supervisors. The instructor is involved in all aspects of the course, including observations of group sessions, supervision meetings, and class times. In some cases, the mentor/supervisors observe the groups in action and then conduct the one-hour supervision sessions that immediately follow. They also participate in the weekly class meeting. Generally, there are one or two such student mentor/supervisors each semester.

Conclusion

Years of experience in instruction and supervision have contributed to the development of a training model for group leader instruction. The model is supported by various instructional elements that provide a framework for beginning leaders. Novices acquire knowledge through didactic and experiential activities and learn to make connections between what they know, what is happening in the group, and what they can do about it. Through supervision, leaders receive accurate, and, when possible, immediate feedback that supports the implementation of appropriate interventions. It is important to reinforce that the various components described can be implemented in conjunction or effectively incorporated into existing courses.

References

Stockton, R. (Producer). (1991). *Developmental aspects of group counseling: Process, leadership and supervision* Videotape series. Alexandria, VA: Association for Specialists in Group Work.

Werstlein, P. O. (1994). Fostering Counselors' Development in Group Supervision. Greensboro, NC: ERIC Clearinghouse on Counseling and Student Services.

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Group Work as a Method of Supervision

S. Lenoir Gillam, Richard L. Hayes, Pamela O. Paisley

Overview

Among the many uses of group work, the group supervision of counselor trainees is an essential component of professional training. When defining group supervision, Bernard and Goodyear (1992) report that this procedure "must depend on the interaction of group members and must have at its core the dynamics of group process, including the delicate balance between individual growth and development and group growth and development" (p. 69). Group work provides an effective method to save supervisorory time and departmental resources. Only with purposeful and deliberate use of group work in supervision, however, can the potential benefits from using this alternative be recognized fully.

Benefits of Group Supervision

Various researchers have drawn upon the foundation of work in groups to suggest numerous advantages of using group supervision in counselor training. Bernard & Goodyear (1992), Borders (1991), Hayes (1990), Holloway and Johnston (1985), and Werstlein (1994) have all acknowledged the benefits unique to learning in a group format. Specifically, the advantages appear to sort into three categories: 1. benefits to supervisors, 2. benefits to counselors, and 3. uses of specific supervisory strategies within a group context.

Benefits to supervisors

Aside from the economical use of supervisory time, group supervision offers other advantages to supervisors. Bernard and Goodyear (1992) suggest that supervising trainees in a group format relieves pressure on the supervisor from attempting to provide each trainee with all perspectives and equal effectiveness. Instead, the responsibility for comprehensive supervision becomes shared among group members. In addition, a group format provides opportunities for supervisors to evaluate trainees' insights and skills regardless of whose clinical work is the focus of supervision. Bernard and Goodyear (1992) suggest that counselors may experience the group as ego-protective because participation is not contingent upon direct exposure of their own clinical work.

Benefits to counselors

A summary of the research suggests that numerous benefits are experienced by counselor trainees when they are supervised in groups (Borders, 1991; Bernard & Goodyear, 1992; Hayes, 1990; Hillerbrand, 1989; Holloway & Johnston, 1985; Werstlein, 1994). Participation in group supervision helps trainees to:

1. expand their knowledge and skills related to their own counseling through the presentation of others' perspectives;
2. practice certain techniques and skills in a safe environment prior to using them with their clients;
3. integrate their understanding of theory and practice through exposure to multiple perspectives;
4. expand their understanding of patterns of relating to others as they learn about group dynamics and group development;
5. become more accepting and understanding of different counseling styles through exposure to the perspectives of other group members;
6. engage in reality testing and reconstruct faulty perceptions of self and others;
7. strengthen personal development through shared experiences with and increased empathy for others;
8. increase their understanding of others through exposure to the reasoning of group members who function at varying levels of cognitive development;
9. learn to give and receive appropriate feedback and self-disclosure;
10. provide a broader perspective for assessing

individual responsibility and mutuality in relationships with their supervisors by comparison with other group members.

Use of specific supervisory strategies

Group work offers unique opportunities for the utilization of specific strategies related to supervision. For example, Borders (1991) proposed a model in which the presenting counselor requests feedback and suggestions about the client, session, or counseling performance. After viewing the taped audio or video, group members are asked to respond as observers of counseling-related behaviors or skills, or from their role as someone connected to the client. Alternatively, Borders has suggested that each group member conceptualize the case from a chosen or assigned theoretical orientation. Group discussion about the client includes basic assumptions, etiology, counseling goals, and appropriate interventions related to each theoretical perspective. The group format provides exposure to perspectives beyond what could be experienced in individual supervision (Bernard & Goodyear, 1992) and opportunities to learn through both participation and observation (Werstlein, 1994).

Interventions commonly used in individual supervision that are appropriate for group supervision include modeling, Interpersonal Process Recall (IPR), review of taped sessions, and live observation (Borders & Leddick, 1987). Employing these interventions in a group format enables counselors to experience multiple perspectives from peers. Using IPR during group supervision, for example, provides counselors with the opportunity to evaluate their personal reactions to a specific client situation through hearing the personal reactions of their peers.

Group Process Considerations

If group work is to be used purposefully in supervision, supervisors must respond to group process, in addition to attending to those factors that make for effective individual supervision. Drawing from the literature on group supervision and group process, the following points are addressed for consideration:

1. Group goals must be identified (Borders, 1991; Holloway & Johnston, 1985). Examples of supervisory goals include: skill enhancement, counselors' personal development, knowledge and understanding of theory, and integration of supervisee theoretical knowledge and practice (Hayes, 1990).
2. The supervisor, as leader, must assume some role in the facilitation of the group (Borders, 1991; Holloway & Johnston, 1985). Borders (1991) suggests that the supervisor function primarily as a moderator and process observer.
3. Some balance between content and group process must exist (Holloway & Johnston, 1985). Helping the group stay on-task while addressing group dynamics is necessary.
4. The issue of evaluation must be addressed (Holloway & Johnston, 1985). In addition to evaluating the individual's clinical performance, group supervision demands that the supervisor assess the counselor's ability to work within the group as well.
5. Group composition, size, and duration must be considered. Werstlein (1994) suggests that, in order for a group to have an opportunity to develop, group supervision should consist of at least 90-minute, weekly meetings of five to eight supervisees working together for the course of a semester.
6. Pre-group meetings should be held to provide the supervisor and prospective members an opportunity to share their expectations for the group (Werstlein, 1994).
7. The implications of stage theory in group development must be considered (Hayes, 1990). For example, helping to provide a safe environment during the initial stage of group work is important. As the group progresses, the group supervisor can expect interpersonal struggles to arise before group members can work effectively together. Consideration of the fact that closure is important and that an opportunity for trainees to synthesize their group experiences must be provided, as well.
8. The use of group work for the purpose of efficiency alone is not justifiable. Supervision often fails to some extent without a solid rationale for the use of this modality, and the goals of both the supervisor and the counselor tend to be sabotaged (Bernard & Goodyear, 1992). Holloway and Johnston (1985) suggest that a systematic approach to examine the process of group supervision is necessary. Until then, "group supervision will remain a weak link in our training programs, widely practiced and poorly justified" (Holloway & Johnston, 1985, p. 339).

Conclusion

Group work can provide a powerful tool for supervision from which both counselors and supervisors may benefit. However, purposeful consideration of the unique benefits of group work need to be recognized. In addition to taking a group focus on case presentation and didactic instruction, group process issues must be acknowledged and addressed. In order for group supervision to be effective and the goals of group members achieved, the group supervisor must attend to the dynamic process to be realized within the group itself.

References

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Borders, L. D. (1991). A systematic approach to peer group supervision. *Journal of Counseling and Development, 69*, 248-252.

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Holloway, E. L., & Johnston, R. (1985). Group supervision: Widely practiced but poorly understood. *Counselor Education and Supervision, 24*, 332-340.

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ERIC Searches

ERIC Resources on Group Process and Group Counseling

Journal Articles

AN: EJ517514
AU: Brinson,-Jesse-A.
TI: Group Work for Black Adolescent Substance Users: Some Issues and Recommendations.
PY: 1995
JN: Journal of Child and Adolescent Substance Abuse; v4 n2 p49-59 1995
AB: Group counseling with black adolescent substance users has been noticeably absent from the literature. Addresses some critical issues and provides some recommendations, based on personal clinical experience, when providing counseling with this population. (Author)

AN: EJ517420
AU: Wheeler, Jan L.; Kivlighan, Dennis M., Jr.
TI: Things Unsaid in Group Counseling: An Empirical Taxonomy.
PY: 1995
JN: Journal-of-Counseling-&-Development; v73 n6 p586-91 Jul-Aug 1995
AB: Performed two studies to examine things unsaid in group counseling. Examined categories of things unsaid, relationships between types of things unsaid, stage of group development, and gender. Found more advice and outside things unsaid during orientation-inclusion stage and more positive feeling and empathic things unsaid during affection-cohesion stage. Reports other results. (JBJ)

AN: EJ515754
AU: Stewart,-John; And-Others
TI: Group Counseling Elementary School Children Who Use Aggressive Behaviors.
PY: 1995
JN: Guidance-&-Counselling; v11 n1 p12-15 Aut 1995
AB: Describes a group-counseling approach to teaching elementary school students social skills designed to reduce their use of aggressive behaviors in the school environment. Eight sessions are described that have activities designed to influence the affective and behavioral components of these behaviors. Several suggestions are described to assess the effectiveness of the program. (Author)

AN: EJ514551
AU: Vinson,-Michael-L.
TI: Employing Family Therapy in Group Counseling with College Students: Similarities and a Technique Employed in Both.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n4 p240-52 Nov 1995
AB: Discusses using family systems strategies and the genogram in group counseling to highlight family-of-origin issues with a college student population. Similarities between family therapy and group counseling are described. A case study of a student with family-of-origin concerns using a genogram to facilitate therapy is provided. (JBJ)

AN: EJ514529
AU: Kane,-Connie-M.
TI: Fishbowl Training in Group Process.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n3 p183-88 Sep 1995
AB: A model of providing direct experience of group process for counseling students is provided. Ethical considerations, advantages, and disadvantages are discussed. (Author)

AN: EJ514528
AU: Day,-Bryon; Matthes,-William
TI: A Jungian Stage Theory of Individual Development in Personal Growth Groups.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n3 p168-82 Sep 1995
AB: Describes personal growth group processes from a Jungian perspective. Assumes a conceptual framework for personal growth groups that uses constructs from Jung's theory of the individuation process in the first half of life (approximately before age 40). A 3-stage theory, with 18 testable hypotheses is proposed. (JBJ)

AN: EJ514527
AU: Price,-Gary-E.; And-Others
TI: Group Work with Clients Experiencing Grieving: Moving from Theory to Practice.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n3 p159-67 Sep 1995
AB: Describes the theory and practice of group work with a central focus on what group leaders can expect in the process of leading a grieving-and-loss group. Authors describe their group work with clients experiencing grief and review several theories of grief relating to loss. (Author)

AN: EJ514525
AU: Johnson,-Irene-H.; And-Others
TI: Issues and Strategies in Leading Culturally Diverse Counseling Groups.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n3 p143-50 Sep 1995
AB: Describes issues that group counselors might face as they attempt to provide services for multicultural and diverse populations. Strategies and recommendations for leading culturally diverse counseling groups are highlighted. (Author)

AN: EJ514524
AU: Merta,-Rod-J.; And-Others
TI: Updated Research on Group Work: Educators, Course Work, Theory, and Teaching Methods.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n3 p132-42 Sep 1995
AB: Updates earlier research on various aspects of training group counselors and compares the training practices of counselor educators possessing combined professional memberships in the Association for Counselor Education and Supervision (ACES) and ASGW with those who do not, through reporting results of a national survey. The implications for reconciling practice and professional standards are discussed. (JBJ)

AN: EJ509695
AU: Timmer,-David-F.
TI: Group Support for Teenagers with Attention Deficit Hyperactivity Disorder.
PY: 1995
JN: Social-Work-in-Education; v17 n3 p194-97 Jul 1995
AB: Describes the group process experiences of children with ADHD and presents lessons learned from a support group for teenagers with ADHD. Describes the age range, meeting formats, the frequency and length of meetings, kinds of therapy offered during the meetings, and lists recommendations for organizing a support group. (RJM)

AN: EJ513086
AU: Zaidi,-Lisa-Y.; Gutierrez-Kovner,-Victoria-M.
TI: Group Treatment of Sexually Abused Latency-Age Girls.
PY: 1995
JN: Journal-of-Interpersonal-Violence; v10 n2 p215-27 Jun 1995
AB: Describes a pilot group developed to address the traumagenic stigmatization, powerlessness, betrayal, and sexualization that characterize victims of sexual abuse. Treatment modules developed within this framework focused on: group cohesiveness, discussion of specific abuse experiences, coping strategies, sexuality, victimization prevention, and termination. Incorporated art therapy, psychodrama, and more. (JBJ)

AN: EJ509548
AU: Butler,-Scott-F.; Fontenelle,-Scuddy-F.,-III
TI: Cognitive-Behavioral Group Therapy: Applications with Adolescents Who Are Cognitively Impaired and Sexually Acting Out.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n2 p121-27 May 1995
AB: Measured the effect of cognitive-behavioral group therapy used to decrease inappropriate sexual behaviors among male adolescents in a residential treatment program who are mildly and moderately cognitively impaired. Findings indicated that with adolescents who are cognitively impaired group and cognitive-behavioral approaches that specifically targeted the problem behaviors are quite effective. (LKS)

AN: EJ509547
AU: Utay,-Joseph-M.; Lampe,-Richard-E.
TI: Use of a Group Counseling Game to Enhance Social Skills of Children with Learning Disabilities.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n2 p114-20 May 1995
AB: Describes the implementation and supports the effectiveness of a cognitive-behavioral group counseling game, the Social Skills Game (Berg, 1989) in enhancing social skills, as measured by the Walker-McConnell Scale of Social Competence and School Adjustment, of third- to sixth-grade children with learning disabilities. (LKS)

AN: EJ509545
AU: Brown,-Brian-P.; And-Others
TI: A Homogeneous Group Approach to Social Skills Training for Individuals with Learning Disabilities.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n2 p98-107 May 1995
AB: Identifies salient characteristics of learning disabilities, how learning disabilities affect individuals in social relationships, and how groups can be used to effectively facilitate individual growth. This is achieved due to therapeutic factors such as universality, instillation of hope, altruistic information sharing, and group interaction. (LKS)

AN: EJ509542
AU: Patterson,-Jeanne-Boland; And-Others
TI: The Process of Inclusion and Accommodation: Creating Accessible Groups for Individuals with Disabilities.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n2 p76-82 May 1995
AB: Supports the important work of group counselors by focusing on the inclusion of individuals with disabilities in nondisability specific groups and addressing disability myths, disability etiquette, architectural accessibility, and group process issues. (LKS)

AN: EJ508009
AU: Hines,-Peggy-L.; And-Others
TI: Self-Talk of Group Therapists.
PY: 1995
JN: Journal-of-Counseling-Psychology; v42 n2 p242-48 Apr 1995
AB: Explored group leader cognitions and the function experience plays in leaders'

cognitive schemas. Participants (n=60) wrote down their thoughts while viewing a 20-minute videotape of a group session. Examination of the 1,299 thoughts revealed a cognitive-behavior schemata that involved all the elements necessary for effective cognitive skill acquisition. (RJM)

AN: EJ508006
AU: Leong,-Frederick-T.-L.; And-Others
TI: Group Counseling Expectations among Asian American Students: The Role of Culture-Specific Factors.
PY: 1995
JN: Journal-of-Counseling-Psychology; v42 n2 p217-22 Apr 1995
AB: Investigated the influence of loss of face and acculturation on the group psychotherapy expectations of Asian American students (n=134). Results showed acculturation was a significant predictor of positive attitudes toward group counseling whereas loss of face was not. Argues that not all Asian Americans have negative orientations toward group counseling. (RJM)

AN: EJ506243
AU: Tomori,-Barbara
TI: Small Group Counselling at the Elementary Level: Theory into Practice.
PY: 1995
JN: Guidance-&-Counselling; v10 n3 p24-30 Spr 1995
AB: Examines the role of small-group counseling at the elementary school level. Focusing on the development and implementation of small groups, the author discusses benefits, kinds, stages, skills roles, and group exercises. Due to the fact that the majority of primary/junior counselor positions are part time, small-group counseling is efficient and appropriate from a time-management perspective. (JPS)

AN: EJ506186
AU: Moore,-Maureen-M.; Freeman,-Stephen-J.
TI: Counseling Survivors of Suicide: Implications for Group Postvention.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n1 p40-47 Mar 1995
AB: Discusses bereavement and mourning and reviews group applications for the resolution of uncomplicated grief. Presents studies that describe grief experiences of suicide survivors and community reaction to survivors. Argues that a structured group experience, where support is provided by other survivors, gives optimal help to people bereaved by suicide. (RJM)

AN: EJ506184
AU: Kobak,-Kenneth-A.; And-Others
TI: Group Behavior Therapy for Obsessive-Compulsive Disorder.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n1 p26-32 Mar 1995
AB: Outlines some of the advantages in using a group approach for the treatment of Obsessive-Compulsive Disorder (OCD). Reviews the published literature on group behavioral treatment for OCD and discusses the unique therapeutic factors associated with group treatment that provide a rationale for developing a group approach for this disorder. (RJM)

AN: EJ506182
AU: Clark,-Arthur-J.
TI: Modification: A Leader Skill in Group Work.
PY: 1995
JN: Journal-for-Specialists-in-Group-Work; v20 n1 p14-17 Mar 1995
AB: Modification mitigates negative feedback by immediately attempting to improve the feedback's level of acceptability. This article introduces modification as a group-leader skill necessary for the processing of messages containing both counterproductive and productive elements. Describes the value and application of modification in group work. (RJM)

AN: EJ504417
AU: Anderson,-Keith-J.
TI: The Use of a Structured Career Development Group to Increase Career Identity: An Exploratory Study.
PY: 1995
JN: Journal-of-Career-Development; v21 n4 p279-91 Sum 1995
AB: Undergraduates in group career counseling wrote essays exploring resource awareness, resource use, life roles, values, self-awareness, and empowerment and held discussions of career maturity and identity. They formulated action plans to work on the strengths and weaknesses identified. (SK)

AN: EJ502483
AU: Proehl,-Rebecca-A.
TI: Groups in Career Development: An Added Advantage.
PY: 1995
JN: Journal-of-Career-Development; v21 n3 p249-61 Spr 1995
AB: Groups can be an effective career counseling method if three important principles are followed: (1) group purpose must be clarified and understood by all members; (2) purpose must dictate structure and function; and (3) the leader must ensure the purpose is accomplished and facilitate group survival and success. (SK)

AN: EJ513147
AU: Page,-Richard-C.; Chandler,-Joyce
TI: Effects of Group Counseling on Ninth Grade At-Risk Students.
PY: 1994
JN: Journal-of-Mental-Health-Counseling; v16 n3 p340-51 Jul 1994
AB: Assessed the effects of 2 different types of group counseling on at-risk characteristics of ninth-grade high school students (n=36). Assessed effects of groups on self-concept, school attendance, grade point average, and number of disciplinary referrals. Self-esteem of all group members increased. Groups had specific effects when compared with one another. (JBJ)

AN: EJ509635
AU: Silovsky,-Jane-F.; Hembree-Kigin,-Toni-L.
TI: Family and Group Treatment for Sexually-Abused Children: A Review.
PY: 1994
JN: Journal-of-Child-Sexual-Abuse; v3 n3 p1-20 1994
AB: Provides a critical discussion of current research on the efficacy of family and group interventions for child sexual abuse victims. Treatment goals and components are described, followed by a review of relevant empirical studies. Suggestions are presented for improving the methodology of future sexual abuse intervention research. (JPS)

AN: EJ509609
AU: Kriedler,-Maryhelen-C.; Fluharty,-Leslie-Barnes
TI: The "New Family" Model: The Evolution of Group Treatment for Adult Survivors of Childhood Sexual Abuse.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n3 p175-81 Sep 1994
AB: Discusses the evolution of a group therapy protocol for adult survivors of incest and the theoretical model on which it is based, the learned helplessness model of depression. Learned helplessness theory supports the assumption that victims internalize trauma. Group activities were aimed at changing negative self-beliefs and at providing assertiveness training. (JPS)

AN: EJ509605
AU: Wilson,-F.-Robert; And-Others
TI: The General Status of Group Work Training in Accredited Counseling Programs.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n3 p140-54 Sep 1994
AB: In a national survey, CACREP-accredited counseling programs were assessed for compliance with the 1990 Association for Specialists in Group Work standards, including knowledge and skill standards for core training, and the four work

group specializations: task and work groups, pychoeducational groups, counseling groups, and psychotherapy groups. (Author)

AN: EJ506175
AU: Shechtman,-Zipora; Bar-El,-Orit
TI: Group Guidance and Group Counseling to Foster Social Acceptability and Self-Esteem in Adolescence.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n4 p188-96 Nov 1994
AB: Measures the degree to which group guidance and small group counseling generated positive change in the social acceptance and self-esteem of normal and socially inefficacious adolescents. Both methods enhanced the social acceptability of the adolescents, with partial gains recorded in self-esteem. Recommends a combination of both methods. (RJM)

AN: EJ497367
AU: Rosenbaum,-Janet-N.; Carty,-Laurie
TI: Healthy Thinking: A Group Approach.
PY: 1994
JN: Guidance-&-Counselling; v9 n5 p14-15 May 1994
AB: A "Healthy Thinking" group, based on a modified Aaron Beck Cognitive Therapy model, teaches depressed clients to realistically appraise their experiences by monitoring and changing distorted thinking. Clients learn that situational stress activates long held assumptions (negative beliefs) leading to distorted thinking and ultimately depression. This approach has application to multiple settings. (LKS)

AN: EJ497343
AU: Weiss,-Cherie-R.; Orysh,-Leslie-K.
TI: Group Counseling for Eating Disorders: A Two-Phase Treatment Program.
PY: 1994
JN: Journal of College Student Development; v35 n6 p487-88 Nov 1994
AB: University counseling centers have reported an increase in the number of eating-disordered clients at a time when counseling resources have been shrinking. This article describes a group counseling program designed to meet the varied needs of eating-disordered clients and manage the demand for services more efficiently. (Author/BF)

AN: EJ495924
AU: Rich,-Kathleen-Diane
TI: Outpatient Group Therapy with Adult Male Sex Offenders: Clinical Issues and Concerns.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n2 p120-28 May 1994
AB: Discusses clinical concerns of sex offenders such as personal losses and external pressures during treatment; ongoing interface with the mental health, legal and child protection systems; and changes in both the offender's interpersonal system and sexuality. Therapists working with this population require broad-based clinical skills. (RJM)

AN: EJ495923
AU: Norsworthy,-Kathryn-L.; Horne,-Arthur-M.
TI: Issues in Group Work with HIV-Infected Gay and Bisexual Men.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n2 p112-19 May 1994
AB: This article focuses on factors counselors should consider when forming groups for HIV-infected gay and bisexual men. Some issues that may arise during group counseling include existential and spiritual concerns, physical and medical issues, intraindividual concerns, the social stigma of AIDS, and homophobia, as well as other gay and bisexual concerns. (RJM)

AN: EJ495922
AU: Thomas,-M.-Carolyn; And-Others
TI: From Victims to Victors: Group Process as the Path to Recovery for Males Molested as Children.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n2 p102-11 May 1994
AB: Potential helpers often fail to recognize indicators which provide clues to men who were molested as children; male sexual abuse remains underreported. Group counseling can help men overcome their resistance to disclosure and remove other impediments to healing. Discusses group goals and organization, leader characteristics and research implications. (RJM)

AN: EJ495921
AU: Gregg,-Chuck
TI: Group Work with Single Fathers.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n2 p95-101 May 1994
AB: Addresses the rapid increase in single father households in the United States. Examines the concerns and counseling needs of single fathers and offers the rationale behind group counseling as a preferred method of treatment for such fathers. Also discussed are components of a psychoeducational group approach. (RJM)

AN: EJ495920
AU: Kiselica,-Mark-S.; And-Others
TI: Preparing Teenage Fathers for Parenthood: A Group Psychoeducational Approach.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n2 p83-94 May 1994
AB: Describes a psychoeducational course which uses three modules to prepare teenage fathers for parenthood. The course modules help young men clarify their ideas of masculinity, learn more about child development, and work toward responsible sexual behavior. Recommends several ways to incorporate fatherhood training into other services. (RJM)

AN: EJ495919
AU: Wilbur,-Michael-P.; Roberts-Wilbur,-Janice
TI: Group Work with Men's Beliefs.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n2 p65-82 May 1994
AB: Explores a group modality for working with men's beliefs regarding the personal, social, familial, and historical and developmental aspects of their lives. Presents common topics which might be anticipated in this group setting and demonstrates the use of this context in working with men's beliefs. (RJM)

AN: EJ495918
AU: Hetzel,-Roderick-D.; And-Others
TI: Helping Men Change: A Group Counseling Model for Male Clients.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n2 p52-64 May 1994
AB: Describes a group counseling model designed to help male clients explore how the male gender role is experienced. A gender-sensitive approach to group leadership allows a reconceptualization of many of the traditionally problematic behaviors in men, such as the lack of emotional expressiveness. (RJM)

AN: EJ489132
AU: Weiss,-Julia-C.
TI: Group Therapy with Older Adults in Long-Term Care Settings: Research and Clinical Cautions and Recommendations.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n1 p22-29 Mar 1994
AB: Describes study utilizing an analysis of covariance (ANCOVA) in comparing efficacy of cognitive group therapy with life review group therapy with older adults in long-term care settings. Discusses research and clinical cautions with this population. Outlines suggested recommendations and a treatment protocol. Includes 10 references. (Author/CRR)

AN: EJ489129
AU: Kottler,-Jeffrey-A.
TI: Working with Difficult Group Members.
PY: 1994
JN: Journal-for-Specialists-in-Group-Work; v19 n1 p3-10 Mar 1994
AB: Describes types of group members who are challenging in group settings including entitled, manipulative, and character-disordered clients. Provides suggestions for working with these group members, either as isolated cases or as homogenous populations, emphasizing the protection of other clients' rights. Includes 31 references. (Author/CRR)

AN: EJ487548
AU: Costa,-Luann; Stiltner,-Barbara
TI: Why Do the Good Things Always End and the Bad Things Go On Forever: A Family Change Counseling Group.
PY: 1994
JN: School-Counselor; v41 n4 p300-04 Mar 1994
AB: Describes family change counseling group conducted at one junior high school with seven junior high school students, each of whom had experienced at least three different parental marriages. Describes the 11 group sessions and identifies emergent themes during sessions which revolved around family transitions. (NB)

AN: EJ477154
AU: Kivlighan,-Dennis-M., Jr.; And-Others
TI: Projection in Group Counseling: The Relationship between Members' Interpersonal Problems and Their Perception of the Group Leader.
PY: 1994
JN: Journal-of-Counseling-Psychology; v41 n1 p99-104 Jan 1994
AB: Explored projection in group counseling by examining relationship between college student group members' (n=118) interpersonal problems and their perception of group leader. Found that, during first 10 group sessions, overly dominant group members perceived group leaders as more dominant and overly cold group members perceived group leaders as less affiliative. (Author/NB)

AN: EJ482981
AU: Ball,-Steven
TI: A Group Model for Gay and Lesbian Clients with Chronic Mental Illness.
PY: 1994
JN: Social-Work; v39 n1 p109-15 Jan 1994
AB: Examines creation of gay affirmative group model that focuses on unique social, developmental, and psychoeducational needs of lesbian and gay clients who attend psychiatric day treatment. Discusses how these clients' psychosocial potential can be maximized in group that addresses issues related to their sexual orientation including their double stigmatization as both mental patients and homosexuals. (Author/NB)

AN: EJ509700
AU: Braswell,-Lauren
TI: Cognitive-Behavioral Groups for Children Manifesting ADHD and Other Disruptive Behavior Disorders.
PY: 1993
JN: Special-Services-in-the-Schools; v8 n1 p91-117 1993
AB: Presents a model for school-based, cognitive-behavioral groups for children manifesting problem behaviors. Discusses key aspects of organizational readiness to conduct this type of program, particularly the importance of having the support of the children's classroom teachers. Describes the child group format and content, including recommended behavioral contingencies. (RJM)

AN: EJ477185
AU: Coppock,-Martha-W.
TI: Small Group Plan for Improving Friendships and Self-Esteem.
PY: 1993
JN: Elementary School Guidance and Counseling; v28 n2 p152-54 Dec 1993
AB: Contends that students who have been referred by teachers for behavioral problems, lack of social skills, or poor academic performance should be interviewed by school counselors and invited to join new group being formed to develop and practice friendship skills. Discusses how to organize such a group, and presents 15 group steps. (NB)

AN: EJ473982
AU: Bailey,-Bruce-K.
TI: Group Employment Counseling Training in Canada.
PY: 1993
JN: Journal-of-Employment-Counseling; v30 n4 p185-92 Dec 1993
AB: Notes that training of employment counselors in Canada includes tripartite approach to employment counseling and consists of direct delivery of counseling, consultation, and coordination. Contends that recent attention has been focused on training of group employment counselors and development of group workshops to assist counselors in delivery of group counseling. (NB)

AN: EJ472347
AU: Rohde,-Renate-I.; Stockton,-Rex
TI: The Group as an Effective Medium for Working with Children of Chemically Dependent Families.
PY: 1993
JN: Journal-for-Specialists-in-Group-Work; v18 n4 p182-88 Nov 1993
AB: Provides counselors with the foundations of group theory and practice specifically geared toward meeting the needs of school children growing up in chemically dependent homes. Information is geared toward late elementary and early middle school grades. Examples provided reflect work with that age group, but counselors can use materials with other age groups with only slight modifications. (Author/NB)

AN: EJ470238
AU: Moore,-Julia; Herlihy,-Barbara
TI: Grief Groups for Students Who Have Had a Parent Die.
PY: 1993
JN: School-Counselor; v41 n1 p54-59 Sep 1993
AB: Describes format and process of six-session grief group for high school students who have had a parent die. Shares, anecdotally, what these adolescents have taught about their grieving process, what helps them, and what does not help. Discusses group formation and explains each of the six sessions. (NB)

AN: EJ470161
AU: Newman,-Jennifer-A.; Lovell,-Madeline
TI: A Description of a Supervisory Group for Group Counselors.
PY: 1993
JN: Counselor-Education-and-Supervision; v33 n1 p22-31 Sep 1993
AB: Presents case example and evaluation of group counselor supervision. Describes how experiential client-centered and didactic supervision methods were employed to achieve four key supervisory goals within an interpersonally oriented developmental framework. Attempts to document actual practice of group supervision over the course of the group life cycle. (Author/NB)

AN: EJ468378
AU: Seligman,-Milton
TI: Group Work with Parents of Children with Disabilities.
PY: 1993
JN: Journal-for-Specialists-in-Group-Work; v18 n3 p115-26 Sep 1993
AB: Notes the impact of a child with disability on family. Focuses on marital dyad and reviews literature on group counseling with parents of children with disabilities. Examines psychological concerns of parents, rationale for group approaches, models of parent counseling groups, and effects of parent groups. Concludes that combined educational-counseling approach is most widely used format. (Author/NB)

AN: EJ468184
AU: Carty,-Laurie
TI: Group Counseling and the Promotion of Mental Health.
PY: 1993
JN: Journal-for-Specialists-in-Group-Work; v18 n1 p29-39 Mar 1993
AB: Notes that community mental health programs are an expanding force in the promotion of mental health and that this has implications for the roles of counselors who are becoming more involved in consultation, training and education of volunteers, and program planning and evaluation. Describes community group counseling health promotion program for youth and study that measured outcomes. (Author/NB)

AN: EJ468182
AU: Conyne,-Robert-K.; And-Others
TI: Training Group Workers: Implications of the New ASGW Training Standards for Training and Practice.
PY: 1993
JN: Journal-for-Specialists-in-Group-Work; v18 n1 p11-23 Mar 1993
AB: Describes the new (1991) standards of the Association for Specialists in Group Work and traces their evolution. Current standards are then contrasted with the 1983 standards. Presents implications for group work training and practice. (Author/NB)

AN: EJ466608
AU: Miller,-Mark-J.
TI: The Lifeline: A Qualitative Method to Promote Group Dynamics.
PY: 1993
JN: Journal-for-Specialists-in-Group-Work; v18 n2 p51-54 May 1993
AB: Outlines method of fostering self-exploration and group interaction among counselors-in-training. Describes lifeline process as having students draw horizontal line with dot at each end representing their birth and death, drawing dot to represent where they presently are on lifeline, and recording positive and negative experiences chronologically along line. Presents directions on how to use lifeline, advantages, and variations. (Author/NB)

AN: EJ458995
AU: Praport,-Hanna
TI: Reducing High School Attrition: Group Counseling Can Help.
PY: 1993
JN: School-Counselor; v40 n4 p309-11 Mar 1993
AB: Reviews literature on dropouts and considers group counseling as a possible solution to the dropout problem in high schools. Emphasizes the need for early identification and intervention with potential dropouts. Discusses school counselor's role in working with these at-risk students. (NB)

AN: EJ509699
AU: Healy-Romanello,-Mary-Ann
TI: The Invisible Griever: Support Groups for Bereaved Children.
PY: 1993
JN: Special-Services-in-the-Schools; v8 n1 p67-89 1993
AB: Gives an overview of a center's efforts to provide group support for grieving children. Discusses the grief process, how children of various ages express grief, and major themes in children's grief. Offers details on establishing grief support groups, including information on group structure, preparation, format, and suggestions for sessions. (RJM)

AN: EJ458943
AU: Campbell,-Chari; Bowman,-Robert-P.
TI: The "Fresh Start" Support Club: Small-Group Counseling for Academically Retained Children.
PY: 1993
JN: Elementary School Guidance and Counseling; v27 n3 p172-85 Feb 1993
AB: Presents eight-session small group counseling unit for primary-grade children who have been identified for grade retention or who were recently retained. Presents results of pilot study of the program. Notes that Fresh Start club emphasizes to children that there are positive aspects to retention and that they are not alone in the experience. (NB)

AN: EJ473361
AU: Hagen,-Beverly-Hartung; McKinley,-Kathryn
TI: Using Family Crisis Groups to Treat Rural Child Sexual Abuse.
PY: 1992
JN: Human Services in the Rural Environment; v16 n1 p15-19 Sum 1992
AB: Discusses various concepts of crisis intervention theory as applied to the treatment of rural victims of child sexual abuse and their families. Describes a working example of a rural child sexual abuse crisis group, including the initial stages of group development, the cohesive/working stage, and the termination stage. (LP)

AN: EJ454157
AU: Dufrene,-Phoebe-M.; Coleman,-Victoria-D.
TI: Counseling Native Americans: Guidelines for Group Process.
PY: 1992
JN: Journal-for-Specialists-in-Group-Work; v17 n4 p229-34 Nov 1992
AB: Discusses how group counseling professionals can best serve Native Americans using traditional Native American healing and spirituality. Highlights implications for counseling and development professionals. Discusses Native Americans' background, relationship with the federal government, regional considerations, psychological and sociological stressors, and Western therapeutic techniques and Native American healing. (Author/NB)

ERIC Documents

AN: ED378484
AU: Holmes,-Gary-E.; And-Others
TI: Integrating Focus Group Research and Group Counseling.
PY: 1994
AB: One of the continuing problems and criticisms of human service disciplines is that they often separate research from clinical practice, as if the two had no connection or commonality. This article describes one way in which the two can be brought together for the benefit and empowerment of clients. Specifically, the article presents a model for using focus group research directly and immediately in subsequent group counseling, a model reminiscent of the ideal that the counselor has an ethical responsibility to understand the client's life as the mediating context of the therapy. Traditional wisdom in group work recognizes the importance of group socialization as the basis for group cohesiveness, the vital ingredient for therapeutic progress. Using a focus group model may shorten this socialization process and may give group members a more complete understanding of the concerns they share with one another. The model may also serve to clarify the nature and purpose of the group in terms of therapeutic gains realized through individual involvement in the group. Counselors may use the focus group model to enhance growth and responsibility-taking among group members. Contains 27 references. (BF)

AN: ED380728
AU: Morganett,-Rosemarie-Smead
TI: Skills for Living: Group Counseling Activities for Elementary Students.
PY: 1994
AB: This book can help counselors in the school or mental health setting create meaningful group experiences for children who, for whatever reason, are behind in social and life skill development. The group agendas have been developed with children from grades 2-5 in mind. Although each topic stands alone, children can benefit from more than one topical group experience. The sessions are presented sequentially within each agenda so that basic information and skills are presented before exposure to more advanced ideas. Children need not have had previous counseling experience to benefit. In small groups, children master important affective and behavioral competencies associated with eight topic areas: (1) Peace Begins With Me: Peacemaking Skills; (2) I'm Somebody Special: Building Self-Esteem; (3) Friends: Getting Along With Others; (4) KIDS: Kids

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in Divorce Stress; (5) Grieving and Growing: Learning From Losses; (6) I CAN Kids: Control Anger Now! (7) I'm Responsible; and (8) Good Citizen's Club. These topics represent personal and social issues that frequently become problematic for elementary-age children, as identified by school and mental health counselors. Three appendices supply sample forms needed for group counseling, ethical guidelines for group counselors, and pretests and posttests. Samples of handouts are also provided. (RJM)

AN: ED372351
AU: Werstlein,-Pamela-O.
TI: Fostering Counselors' Development in Group Supervision. ERIC Digest.
CS: ERIC Clearinghouse on Counseling and Student Services, Greensboro, NC.
PY: 1994
AB: This digest focuses on issues of group supervision of counselors and counselor trainees. It begins by describing the merits of group supervision, noting that group supervision is unique in that growth is aided by the interactions occurring between group members. Collaborative learning is identified as a pivotal benefit of group supervision, with the supervisees having opportunities to be exposed to a variety of cases, interventions, and approaches to problem-solving in the group. Models of group supervision are briefly summarized. The group supervision format requires that supervisors be prepared to use their knowledge of group process. Based on existing group supervision literature, and small group literature, a set of guidelines are offered to supervisors who wish to address process in group supervision. The digest concludes that the integration of knowledge and experience is greatly enhanced by group supervision. (NB)

AN: ED362822
AU: Gladding,-Samuel-T.
TI: Effective Group Counseling.
CS: ERIC Clearinghouse on Counseling and Student Services, Greensboro, NC.
PY: 1994
AB: This book focuses on the essential elements of leading effective groups in group counseling. Chapter 1 concentrates on the rationale behind using groups and their myths, advantages, and limitations. Chapter 2 discusses different types of groups, especially those that are therapeutic and task-oriented, and their theory and ethics. Chapter 3 delves into the qualities of group leadership; it covers the personal and professional characteristics that effective group leaders possess. Chapter 4 concentrates on the initial preplanning work of setting up any group, covering screening and selecting members and group composition. Chapter 5 explores issues that must be dealt with during a group's first few sessions, including a review of confidentiality. Chapter 6 focuses on the dynamics of transition, a stage often characterized by conflict; positive ways of handling friction as well as exercises that can be helpful in resolving conflict are discussed. Chapter 7 addresses the working stage of groups and presents techniques to aid the productive achievement of individual and collective goals. Effective ways to terminate groups and the importance of wrapping the group up properly are discussed in chapter 8. Creative group exercises and their uses and abuses are examined in chapter 9, which describes proven ways of assisting groups in the beginning, middle, and end of their life cycles. Chapter 10 looks briefly into the future of groups and probable uses of groups in the years to come. (NB)

AN: ED387706
AU: Peterson,-Jean-Sunde; Espeland,-Pamela, Ed.
TI: Talk with Teens about Self and Stress: 50 Guided Discussions for School and Counseling Groups.
PY: 1993
AB: Written to meet the affective need of adolescent students to share their feelings and concerns with supportive listeners, this document contains 50 guided discussions on various topics relating to three focus areas: the self, the self and others, and stress. Under the focus of the self topics include: personal strengths and limitations; behind the facade; going to extremes; who and what defines us; in control, out of control; making mistakes; and success and failure. Under the focus of the self and others topics include: how others see us; those who influence; responding to

authority; who can we lean on; and tolerance and compassion. Under the area of stress topics include: sorting out the sources of stress; dealing with others' expectations; role models and strategies for coping with stress; substance abuse; and vulnerability to cults and demagogues. The discussions are intended to help students: (1) gain self-awareness; (2) make better decisions; (3) solve problems; and (4) deal more effectively with their various environments. Each discussion has a focus topic as well as objectives and suggestions of goals to work toward in each session. Several discussions include activity sheets that may be photocopied for group use. The discussion guides may be modified to deal with special populations such as at-risk students, gifted students, and students returning from or in treatment for substance abuse or eating disorders. The document also contains guidelines for group leaders that deal with: (1) ethical behavior; (2) dealing with students who are quiet or shy; (3) handling emotional bombshells; and (4) counseling individual group members. (SR)

AN: ED362806
AU: Slack,-Clemontene
TI: Improving the Negative Self-Concept of Sixth Grade Black Males through Group Intervention Techniques.
PY: 1993
AB: A practicum was designed to employ multiple intervention techniques in an effort to improve the negative self-concept of sixth-grade black male students who were involved in rampant acts of verbal and physical aggression that disrupted the flow of class activities. Peer facilitator training was provided for the boys. Other components of the program included mentors for daily class visitation; biweekly counseling sessions; a sixth-grade boys' club; letters to parents; and teacher in-service training in a violence prevention curriculum to be incorporated into the established science, mathematics, and social studies curricula. Sixteen sixth-grade boys were involved in the program. The results revealed that the boys' club was well attended; participants showed improvements in the happiness, satisfaction, and behavior items on the Piers-Harris Children's Self-Concept Scale. Fourteen of the 16 boys reported satisfaction with the experience of being a peer facilitator. Both sixth-grade teachers in the school gave positive ratings to the success of the program for improving the negative self-concept of sixth-grade black males through peer facilitation. There was a drop in referrals to either the counselor or the principal for the boys during the practicum implementation. Survey instruments and correspondence are appended. (Contains 39 references.) (NB)

AN: ED354434
AU: Steward,-Cherie-A.
TI: Improving the Coping Skills of Inner City Elementary Children of Alcoholic, Abusive Parents by Implementing Group Counseling and Alcohol Education.
PY: 1993
AB: The goal of this group counseling and alcohol education program was that inner city elementary children whose parents frequently drink alcohol would possess knowledge and techniques to help them to cope with their parents' drinking. It was also expected that parents and school personnel would acquire the training and skills to effectively assist these children through their anger and ability to develop effective coping skills at home and in school. Students were self-selected and met each week in seven counseling groups of five students each. Alcohol education training sessions were held for teachers, parents, and groups with students. Weekly 1-hour workshops were held for participating parents. At the end of the year-long program 21 parents were given the Parent Post Questionnaire; 19 teachers were given the Teacher Post Questionnaire; and 35 students were given the Student Post Questionnaire. The overall results of the program were positive with 85% of the elementary students being able to effectively cope with the parental alcoholism. Further analysis indicated that 85% of the teachers could effectively assist pupils in coping with the parental alcoholism. Also, 85% of the parents reported improved communication with their children. The group counseling and alcohol education were positive experiences for all of the students, parents and participating teachers. The initial individual consultations

with teachers set the stage for a cooperative partnership between the teachers, students, parents, and program leader. The pre/post questionnaires are appended. (Contains approximately 120 references.) (ABL)

AN: ED350559
AU: Cohn,-Benjamin; Osborne,-W.-Larry
TI: Group Counseling: A Practical Self-Concept Approach for the Helping Professional.
PY: 1992
AB: In this book, techniques are thoroughly outlined for counselors to use during group counseling to facilitate the process. Specific examples are given to illustrate problems that might arise. Specific examples and sections for junior high/middle and secondary school counselors are a part of this book, offering guidelines for establishing and conducting an effective group counseling program. Suggestions are presented for assessing and evaluating the program addressing questions of accountability to administrators, teachers, students, and parents. A list of suggested readings is provided for those who are interested in learning more about group counseling. After an overview on group counseling these chapter topics are presented: (1) the need and advantages of group counseling; (2) the conceptual model of group counseling; (3) the group counselor's role; (4) group counseling techniques; (5) practical applications; (6) possible problem situations and ways to handle them; (7) establishing a group counseling program in a junior high/middle or secondary school; (8) gaining support for a group counseling program in a school; and (9) assessment and evaluation. An appendix includes a diagram of the conceptual model; a table of the developmental self-concept process model; a parent questionnaire; a personal rating sheet; a guidelines and assessment form; and reprinting of ethical guidelines from the Journal for Specialists in Group Work. (ABL)

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Summarized from *Myths and Realities about ERIC* by Robert M. Stonehill, an ERIC Digest (EDO-IR-92) developed by the ERIC Clearinghouse on Information Resources at Syracuse University, Syracuse, NY, June 1992.

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